Prospect Previous Housing Questionnaire

1. Name of Property:
2. Length of Stay:
3. Caregiver’s Name:
   - Self Reliant
   - Needs Assistance
   - Dependent
   - Notes:
4. Ambulation:
5. ADLs:
6. If they are not dependent, what ADLs do they need assistance with?
   
   What time of day or how often do they need assistance with ADLs?
7. Do they use any devices for assistance?
8. Bowels/Bladder
   - a. Bladder Incontinence: Yes No
   - b. Bowel Incontinence: Yes No
   - c. Catheter/Ostomy: Yes No
   - d. Uses Adult Diapers: Yes No
9. Mental Status:
10. Behaviors/Problems (wanders, interactive problems):
11. Receives/Provides Verbal Information:
12. Sleep Habits:
13. Social and Leisure Preferences: