

## ADULT QUESTIONNAIRE RELATIVE FORM

### Confidential

Information requested on this questionnaire will aid us in understanding your family member's problems. We would appreciate you filling it out carefully and fully. Please feel free to add as much information as you want. You may use the backs of pages if necessary.

Patient Name \_\_\_\_\_

Relative/ Friend Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city/state) (zip)

Home phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

In this section, please describe your relative in regard to each of the following aspects of mental functioning behavior. Describe the situation before the accident or illness on the left and the recent or current on condition on the right. *If the condition is one that the patient has experienced all of his or her life, then only complete the column on the left side of the page.*

#### Before the accident or illness

#### Recently and currently

##### Concentration

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

##### Energy and activity level

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

##### Depression

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

##### Elation and other types of high mood

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

##### Sleep

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

##### Anger or Anger Control Problems

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\_\_\_\_\_

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\_\_\_\_\_

**Before the accident or illness****Recently and currently****Agitation or Irritability**

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**Appetite for food**

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**Sexual behavior and sexual interest**

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**Consumption of alcohol and other drugs**

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**Hearing**

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**Vision and other aspects of sight**

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**Ability to find their way around - Spatial ability**

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**Headaches**

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**Pains other than in the head**

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**Fatigue**

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**Understanding what is heard**

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**Finding words when trying to talk in conversation**

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**Before the accident or illness****Recently and currently****Memory for things people say or things need to do**


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**Imagery and memory for faces**


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**Reading**


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**Calculating - balancing check book**


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**Playing or listening to music**


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**Motor behavior - skillful activity**


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**Unusual sensations or strange experiences**


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**Ability to relax and experience pleasure**


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**Social behavior - being with people**


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**Ability to work or hold job**


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**Please use this space for additional information which you think would be helpful:**

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**(signature)**

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**(date)**