

Client Name: _____

Family Member: _____

Family Questionnaire (Senior)

Driving concerns

- Decrease in confidence while driving
- Difficulty turning to see when backing
- Riding the brake
- Easily distracted
- Other drivers often honk
- Incorrect signaling
- Difficulty parking in a confined space
- Hitting curbs
- Scrapes or dents on the car
- Increased agitation/irritation when driving
- Failure to notice important activity on the side of the road
- Failure to notice traffic signs
- Trouble navigating turns
- Driving at inappropriate speeds
- Not anticipating potential dangerous situations
- Uses a "copilot"
- Bad judgment on making left hand turns
- Near misses
- Delayed response to unexpected situations
- Moving into the wrong lane
- Difficulty maintaining lane position

- Confusion at exits
- Ticketed moving violations or warnings
- Getting lost in familiar places
- Getting lost in unfamiliar places
- Car accident
- Failure to stop at stop sign or red light
- Confusing the gas and brake pedals
- Stopping in traffic for no apparent reason
- Driving at night when they should not

Household/Medical Concerns

- Receive assistance with household chores (laundry, cooking, shopping, cleaning, checking acct)
- Problem taking medications as prescribed
- Trouble operating simple appliances
- Have a history of seizures
- Difficulty climbing one flight of stairs or walking one block
- Fallen to the ground in the last 3 years
- Fallen often
- Other signs or concerns: _____
