

Participant Number: _____

Frequency: _____

Posey County Project Lifesaver Participant Profile

Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to establish a more effective search response.

Participant: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Date Transmitter Placed: _____

Facility/Organization: : _____ Phone: _____

Address: _____

PL Servicer filling out this form: _____

PL Servicer that places transmitter on: _____

Participant's Personal Data

Birthday: _____ Sex: Male or Female _____ Race: _____

Nickname(s): _____

Most recent address: _____

Most recent place of work: _____

Most recent occupation: _____

Name of Spouse: _____

Living or deceased: _____

Family/Friend Information

Other persons the Participant might contact (family, friends, etc.)

Name: _____ Phone: _____

Address: _____

Relationship to participant: _____

Name: _____ Phone: _____

Address: _____

Relationship to participant: _____

Diagnosis: _____

Physical Description

Height _____ ft. _____ in. Weight _____ lbs. Build _____

Hair color _____ Hair Style _____ Eye Color _____

Complexion _____

Advise yes or no to the following:

Beard _____ Sideburns _____ Mustache _____ Balding _____ False Teeth _____

Shape of facial features: (Round/Square/Oval/Other) _____

Distinguishing marks, scars, tattoos, etc. Describe _____

General Appearance _____

If Participant does not understand English, what language is understood? _____

Spoken word only: _____ Written/Spoken: _____

Does Participant wear glasses? _____ Contacts? _____ Sunglasses _____

If yes to any of the above what style: _____

If Participant wears glasses or corrective eyewear what degree of vision does he/she have not using the eyewear? _____ (None/Poor/Fair)

Personal Data Questionnaire

Does Participant wear a hearing aid? _____ What style? _____

If yes, what type of hearing without Aid? (None/Poor/Fair) _____

Health/Psychological Condition

Any known physical handicaps? _____
(Describe please)

Any known medical problems? _____
(Describe please)

Medications taken regularly? _____

List any medication using correct name of drug and dosage being taken:

Consequences of NOT taking medications? _____

Attending Physician _____ Phone No. _____

Any Psychological Problems? _____ Nature _____

If Alzheimer's disease has been diagnosed, Answer the following:

1. Does the Participant remain oriented to Time and Person?
Explain:

2. Does the Participant recognize familiar persons and faces?
Explain:

3. Can the Participant travel to familiar locations?
Explain:

4. Does the Participant have deceased knowledge of current events or tend to re- live events in his/her life?
Explain:

5. Does the Participant sometimes clothe himself/herself improperly?
_____ (Example: Putting shoes on the wrong feet, adding underwear over clothing?)
Explain if necessary:

6. Does the Participant remember his/her own name and the names of spouse and or children?
Explain:

7. Are the Participant's sleep patterns frequently?
Explain:

8. Does the Participant suffer from frequent personality and emotional changes?
Explain:

9. Does the Participant suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?)
Explain:

10. How good is the Participant's communication ability? Description:

Personal Articles Normally Carried by the Participant

Advise yes or no to the following:

Tobacco Products: _____ Type _____ Brand _____

Candy/Gum: _____ Brand _____

Matches: _____ Lighter: _____ Type _____

Food Items: _____

Facial tissue or other pocket/purse items: _____

Approximate Amount of Cash on Hand? \$ _____

Where Normally Carried _____

Handbag, Purse or Wallet:

Description _____ Type _____ Color _____

Jewelry (Please describe) _____

Watch? _____ Type _____ Color _____ Description _____

Equipment

Cane _____ Walker _____ Hunting/Fishing, Etc. (Please describe) _____

Other:

Experience

Advise yes or no to the following:

Familiar with area? _____ How recently _____ Days/Months/Years

If not local, what other areas are known to Participant? _____

Taken outdoor classes? _____ Where? _____ When? _____

Taken first-aid training? _____ Where? _____ When? _____

Involved in Scouting? _____ Explain _____

Military Experience? _____ Where? _____ When? _____

Recreational Outdoor Experience? _____

Overnight Camping Experience? _____

Ever been lost before? _____ Where _____

When _____ Time of Day _____

Located by searchers or walk out by himself/herself? _____

Location found _____

Actions taken _____

Ever go out alone? _____ Stay on trails? _____

General Athletic Interest/Abilities

Personality Habits

Advise yes or no to the following:

Smoke? _____ How often _____ What Type? _____ Brand _____

Drink Alcohol? _____ What Type? _____ Brand _____

Use Illicit Drugs? _____ How often _____ Type _____

Hobbies/Interests _____

Outgoing or Quiet; Likes Groups or being alone? _____

Evidence of Leadership _____

Explain: _____

Ever been in trouble with the law? _____

Explain: _____

Religious? _____ What faith _____

What does Participant value most? _____

Which family member is Participant closest to? _____ Relationship _____

Where was Participant born and raised?

Has Participant received any letter recently? _____

From whom _____

Is Participant afraid of Dogs? ___ The dark? ___ Noises? ___ Horses? ___

People? ___

Other (explain) _____

What actions taken hurt? (Cry, shout, etc.?) _____

Will Participant talk to strangers? _____

Is the Participant DANGEROUS to him/herself or others? _____