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| Do you have tooth or mouth problems that make it hard to eat? Yes No | Are there times when you are not physically able to shop, cook or feed yourself? Yes No |
| Section F. Activities of Daily Living | |
| Can you walk around inside without any help? Yes No | Can you bathe or shower without any help? Yes No |
| Can you sit up or move around in bed without any help? Yes No | Can you use the toilet without any help? Yes No |
| Can you comb your hair, shave, wash your face, or brush your teeth without any help? Yes No | Can you dress without any help? Yes No |
| Can you get in and out of bed or chair without any help? Yes No | Can you manage eating without any help? Yes No |
| Section G. Independent Activities of Daily Living | |
| Can you answer the telephone or make a phone call without help? Yes No | Can you do heavy house cleaning, like yard work and laundry, without any help? Yes No |
| Can you shop for food and other things you need without help? Yes No | Can you take your medications without help? Yes No |
| Can you prepare meals for yourself without help? Yes No | Can you handle your own money, like keeping track of bills without help? Yes No |
| Can you do light housekeeping, like dusting or sweeping, without help? Yes No | Can you use public transportation or drive beyond walking distances without help? Yes No |
| Section H. Use of Information | |
| <p>I understand that the information I am providing on this form is for registration purposes. The information will be used by the Area Agency on Aging and the Minnesota Board on Aging to create statistical reports and may be used by other service providers to help identify other services from which I may benefit, such as follow up to the Nutrition Risk Assessment. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.</p> | |
| <p>Signature: _____ Today's Date: _____</p> | |