### REACH II Risk Appraisal

1. **Do you have written information about memory loss, Alzheimer’s Disease, or dementia?**
   - No 1
   - Yes 0
   - Unknown 0
   - Refused 0

2. **Can (CR) get to dangerous objects (e.g., loaded or unlocked gun, or sharp objects that are used as weapons)?**
   - No 0
   - Yes 1
   - Unknown 0
   - Refused 0

3. **Do you ever leave (CR) alone or unsupervised in the home?**
   - Never 0
   - Sometimes 1
   - Often 2
   - Unknown 0
   - Refused 0

4. **Does (CR) try to leave the home and wander outside?**
   - Never 0
   - Sometimes 1
   - Often 2
   - Unknown 0
   - Refused 0

5. **Does (CR) drive?**
   - Never 0
   - Sometimes 1
   - Often 2
   - Unknown 0
   - Refused 0

6. **Overall, how satisfied have you been in the past month with the help you have received from family members, friends, or neighbors?**
   - Not at all 3
   - A little 2
   - Moderately 1
   - Very 0
   - Unknown 0
   - Refused 0

7. **In the past month, how satisfied have you been with the support, comfort, interest and concern you have received from others?**
   - Not at all 3
   - A little 2
   - Moderately 1
   - Very 0
   - Unknown 0
   - Refused 0

8. **In the past month, have you had trouble falling asleep, staying asleep, or waking up too early in the morning?**
   - Never 0
   - Sometimes 1
   - Often 2
   - Unknown 0
   - Refused 0
9. In general, would you say your health is:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. In the past month, have you felt depressed, sad, had crying spells or felt like you often needed to cry?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often*</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. How often in the past six months, have you felt like screaming or yelling at (CR) because of the way he/she behaved?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. How often in the past six months, have you had to keep yourself from hitting or slapping (CR) because of the way he/she behaved?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Is it hard or stressful for you to take care of basic household chores, like cleaning, yard work, or home repairs?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Do you feel strained (ie. stressed, tense, or anxious) when you are around (CR)?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Quite Often</th>
<th>Frequently</th>
<th>Nearly Always</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
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</tbody>
</table>

15. Is it hard or stressful for you to help (CR) in basic daily activities, like bathing, changing clothes, brushing teeth, or shaving?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
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</tbody>
</table>

16. Providing help to (CR) has made me feel good about myself.

<table>
<thead>
<tr>
<th></th>
<th>Disagree a lot</th>
<th>Disagree a little</th>
<th>Neither agree nor disagree</th>
<th>Agree a little</th>
<th>Agree a lot</th>
<th>Unknown</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Mental Health referral
  CR=Care recipient
  Responses in **Bold** indicate High Risk
  Responses in *Italics* indicate Moderate Risk
**Risk Scale:**

**High risk:** Summed all high risk answers for the upper limit of 38-40. 27 is sum of ½ high risk and ½ medium risk answers.

**Moderate risk:** ½ moderate answers and ½ high-risk answers.

**Low risk:** Upper limit of 11 is sum of all moderate risk answers.

<table>
<thead>
<tr>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>11</td>
<td>27</td>
</tr>
</tbody>
</table>