

REACH II Risk Appraisal

1. Do you have written information about memory loss, Alzheimer's Disease, or dementia?

No	Yes	Unknown	Refused
1	0		

2. Can (CR) get to dangerous objects (e.g., loaded or unlocked gun, or sharp objects that are used as weapons)?

No	Yes	Unknown	Refused
0	1		

3. Do you ever leave (CR) alone or unsupervised in the home?

Never	<i>Sometimes</i>	Often	Unknown	Refused
0	1	2		

4. Does (CR) try to leave the home and wander outside?

Never	<i>Sometimes</i>	Often	Unknown	Refused
0	1	2		

5. Does (CR) drive?

Never	Sometimes	Often	Unknown	Refused
0	1	2		

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	<i>A little</i>	Moderately	Very	Unknown	Refused
3	2	1	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	<i>A little</i>	Moderately	Very	Unknown	Refused
3	2	1	0		

8. In the past month, have you had trouble falling asleep, staying asleep, or waking up too early in the morning?

Never	<i>Sometimes</i>	Often	Unknown	Refused
0	1	2		

9. In general, would you say your health is:						
Excellent	Very good	Good	<i>Fair</i>	Poor	Unknown	Refused
0	1	2	3	4		
10. <u>In the past month</u>, have you felt depressed, sad, had crying spells or felt like you often needed to cry?						
Never	<i>Sometimes</i>	Often*	Unknown	Refused		
0	1	2				
11. How often in the past six months, have you felt like screaming or yelling at (CR) because of the way he/she behaved?						
Never	<i>Sometimes</i>	Often	Unknown	Refused		
0	1	2				
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?						
Never	<i>Sometimes</i>	Often	Unknown	Refused		
0	1	2				
13. Is it hard or stressful for you to take care of basic household chores, like cleaning, yard work, or home repairs?						
Never	<i>Sometimes</i>	Often	Unknown	Refused		
0	1	2				
14. Do you feel strained (ie. stressed, tense, or anxious) when you are around (CR)?						
Never	Rarely	<i>Sometimes</i>	Quite Often	Frequently	Nearly Always	Unknown Refused
0	1	2	3	4	5	
15. Is it hard or stressful for you to help (CR) in basic daily activities, like bathing, changing clothes, brushing teeth, or shaving?						
Never	<i>Sometimes</i>	Often	Unknown	Refused		
0	1	2				
16. Providing help to (CR) has made me feel good about myself.						
Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot	Unknown	Refused
3	2		1	0		

* 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.

	Low	Moderate	High	
		19		
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0	11	27	38-40	