

## 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>	<b>Often</b>	Unknown	Refused
0	1	2		

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

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

**5. Does (CR) drive?**

Never	Sometimes	<b>Often</b>	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?**

<b>Not at all</b>	<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?**

<b>Not at all</b>	<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>	<b>Often</b>	Unknown	Refused
0	1	2		

<b>9. In general, would you say your health is:</b>						
Excellent	Very good	Good	<i>Fair</i>	<b>Poor</b>	Unknown	Refused
0	1	2	3	4		
<b>10. <u>In the past month</u>, have you felt depressed, sad, had crying spells or felt like you often needed to cry?</b>						
Never	<i>Sometimes</i>	<b>Often*</b>	Unknown	Refused		
0	1	2				
<b>11. How often in the past six months, have you felt like screaming or yelling at (CR) because of the way he/she behaved?</b>						
Never	<i>Sometimes</i>	<b>Often</b>	Unknown	Refused		
0	1	2				
<b>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?</b>						
Never	<i>Sometimes</i>	<b>Often</b>	Unknown	Refused		
0	1	2				
<b>13. Is it hard or stressful for you to take care of basic household chores, like cleaning, yard work, or home repairs?</b>						
Never	<i>Sometimes</i>	<b>Often</b>	Unknown	Refused		
0	1	2				
<b>14. Do you feel strained (ie. stressed, tense, or anxious) when you are around (CR)?</b>						
Never	Rarely	<i>Sometimes</i>	<b>Quite Often</b>	<b>Frequently</b>	Nearly Always	Unknown Refused
0	1	2	3	4	5	
<b>15. Is it hard or stressful for you to help (CR) in basic daily activities, like bathing, changing clothes, brushing teeth, or shaving?</b>						
Never	<i>Sometimes</i>	<b>Often</b>	Unknown	Refused		
0	1	2				
<b>16. Providing help to (CR) has made me feel good about myself.</b>						
<b>Disagree a lot</b>	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.

	<b>Low</b>	<b>Moderate</b>	<b>High</b>	
		<b>19</b>		
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<b>0</b>	<b>11</b>	<b>27</b>	<b>38-40</b>	