

Name \_\_\_\_\_

## SIGA

Ask about goals and record below. Then ask: "How well can you do all the things you want to do on a scale from 0 to 10, with 0 being that you can't do them at all and with 10 being you can do them your very best?" 0 1 2 3 4 5 6 7 8 9 10

**Circle #**

1.	0 1 2 3 4 5 6 7 8 9 10
2.	0 1 2 3 4 5 6 7 8 9 10
3.	0 1 2 3 4 5 6 7 8 9 10
4.	0 1 2 3 4 5 6 7 8 9 10
5.	0 1 2 3 4 5 6 7 8 9 10

Age \_\_\_\_\_ Gender \_\_\_\_\_

Type of Housing (pre-admission): \_\_\_\_\_ (house, apartment, condominium/cooperative, assisted living, ECF)

Type of Housing (anticipated): \_\_\_\_\_ (house, apartment, condominium/cooperative, assisted living, ECF)

Co-habitants: \_\_\_\_\_ (spouse, children, other-specify)

Assistive Devices: \_\_\_\_\_

Routines: \_\_\_\_\_

Interests: \_\_\_\_\_