



Supplemental Questionnaire for Psychiatric Disabilities

NAME: _____

Please check the items you may need assistance with:

ASSISTANCE IN A MEDICAL CRISIS

- Bring Medication to Alleviate Symptoms
- Bring a Beverage To Take Medications
- Bring The Emergency Phone During a Crisis
- Answer the Doorbell
- Call 911 or Suicide Hotline on K-9 Rescue Phone
- Summon for Help
- Provide Balance Assistance on Stairs
- Assist Person to Rise & Steady that Person
- Balance Support to Ambulatory Partner
- Respond to Smoke Alarm if Partner Unresponsive
- Carrying Medical Related Supplies / Information

TREATMENT RELATED ASSISTANCE

- Medication Reminder at Certain Time of Day
- Speech Impairment Task Away from Home
- Wake Sedated Partner, Alerting to Doorbell
- Alert Sedated Partner to Smoke Alarm

COPING WITH EMOTIONAL OVERLOAD

- Provide Tactile Stimulation to Disrupt the Overload
- Break the Spell /Combat Sedative Side Effects
- Wake up Human Partner for Work or School
- Prevent/Combat Emotional Overload in Workplace
- Providing an Excuse to Leave Upsetting Situation
- Assist to Leave the Area by Finding Exit
- Provide Deep Pressure for Calming Effect
- Crowd Control, Panic Prevention In Public
- Arouse From Fear Paralysis or Disassociation Spell

SECURITY ENHANCEMENT TASKS

- Coping with Fear of Hidden Intruders in the Home
- Provide a Reality Check - Who's There?
- Call for Help in Advance
- Lighting up Dark Rooms
- Assist with Escape Strategies - Open Front Door
- Fear Management In Public
- Reducing Hyper-vigilance Through Teamwork
- Keep Suspicious Strangers Away
- Increase Safety in Public

Please list your most commonly associated triggers and describe your reaction to those triggers (feel free to use additional pages):
