

## GUARDIANSHIP CAPACITY QUESTIONNAIRE

*There is no need to complete this questionnaire if the respondent is in a coma, persistent vegetative state, or is not responsive.*

*The questionnaire is designed to help all parties in an incompetency proceeding gather information that will assist the Clerk of Court in determining what if any rights, powers and privileges the respondent can retain under guardianship or limited guardianship. The form may also assist the parties in determining whether alternatives to guardianship such as a representative payee for government benefits, a power of attorney, or a special needs trust might solve a problem thereby avoiding the need for incompetency hearing.*

*This form can be used by the petitioner, the respondent, or any other person who has information that is useful to the court such as family or friends of the respondent or staff of a facility who knows the respondent well. It should be used by the Guardian Ad Litem to both gather the respondent's answers if the respondent cannot fill it out for him/herself and for the GAL's own opinion.*

Name Of Respondent		Date Of Birth
Address		Telephone No.
Nature Of Impairment		County Of Residence
Is there a representative payee for governmental benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Name of Payee	Are there any Powers of Attorney in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> General/Durable <input type="checkbox"/> Health Care If Yes, Who has the POA?  If Recorded, What County(ies)?	Are there any trusts in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Name of Trustee and location of trust

Name And Address Of Person Completing This Form	Telephone No.	Has Known Respondent (years/months)
Relationship to the Respondent		

A. LANGUAGE AND COMMUNICATION	B. NUTRITION
<ol style="list-style-type: none"> <li>1. Does the person understand and participate in social conversation in his/her primary language (including such topics as sports, family, activities)? <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>2. Does the person communicate independently with acquaintances in the community? <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>3. Can the person understand and respond to verbal communications? <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>4. Can the person read and write? <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>5. Can the person understand various signs (e.g. keep out, stop, men, women, poison)? <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ol>	<ol style="list-style-type: none"> <li>1. Does the person make reasonable decisions regarding eating (e.g. when, where, and what to eat)? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> With assistance</li> <li>2. Is the person able to eat and drink independently? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> With assistance</li> <li>3. Is the person able to prepare food that requires cooking and mixing? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> With assistance</li> <li>4. Is the person able to prepare food that does not require cooking and mixing? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> With assistance</li> <li>5. Does the person know which foods, if any, he or she is unable to tolerate? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> With assistance</li> <li>6. If the person has a health condition such as diabetes, is he or she able to follow a prescribed diet? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> With assistance</li> </ol>

**C. PERSONAL HYGIENE**

1. Does the person bathe and maintain personal hygiene?  
 Yes  No  With assistance
2. Does the person brush teeth daily and maintain adequate dental care?  
 Yes  No  With assistance
3. Does the person control toilet functions during the day?  
 Yes  No  With assistance
4. When toileting, does the person use proper hygiene?  
 Yes  No  With assistance
5. Is the person able to fully and properly dress and undress himself or herself?  
 Yes  No  With assistance
6. Does the person wear clothing appropriate to the weather and/or occasion?  
 Yes  No  With assistance

**D. HEALTH CARE**

1. Can the person make and communicate choices in regard to medical treatment?  
 Yes  No  With assistance
2. Can the person make and communicate choices in regard to caregivers and assistants?  
 Yes  No  With assistance
3. Does the person know whom to notify of symptoms of illness?  
 Yes  No  With assistance
4. Is the person able to take care of minor health problems such as colds, cuts, etc.?  
 Yes  No  With assistance
5. Is the person able to follow proper instructions in taking prescribed medicine?  
 Yes  No  With assistance
6. Can the person communicate medication problems or needs?  
 Yes  No  With assistance
7. Does the person understand the consequences of not accepting medical treatment?  
 Yes  No  With assistance
8. Can the person reach emergency health care (e.g. calling an ambulance)?  
 Yes  No  With assistance

**E. PERSONAL SAFETY**

1. Can the person identify physical or sexual abuse and protect him or herself from personal harm by others?  
 Yes  No
2. Can the person identify neglect and know what to do if neglected?  
 Yes  No
3. Does the person avoid common environmental dangers, such as oncoming traffic, sharp objects, a hot stove, and poisonous products?  
 Yes  No

**E. PERSONAL SAFETY Cont.**

4. Can the person be left alone for periods up to 24 hours without being at risk?  
 Yes  No
5. Can the person use a telephone to contact help in an emergency?  
 Yes  No
6. In what areas, if any, might the person be especially vulnerable and need protection?

**F. RESIDENTIAL**

1. Can the person make and communicate choices in regard to residence and roommates?  
 Yes  No
2. Is the person able to maintain shelter that is safe/adequately heated and ventilated?  
 Yes  No  With assistance
3. Can the person evacuate the premises in the case of fire or other danger?  
 Yes  No  With assistance

**G. EMPLOYMENT**

1. Can the person make and communicate choices in regard to employment?  
 Yes  No
2. Does the person express knowledge of or demonstrate skills required at job sites (neatness, punctuality, getting along with others)?  
 Yes  No
3. Is the person able to use several approaches to finding a job (e.g. going to an employment agency, responding to ads, and using contacts)?  
 Yes  No  With assistance
4. Does the person have a job?  
 Yes  No
5. Does the person interact appropriately with co-workers and authority figures?  
 Yes  No

**H. INDEPENDENT LIVING**

1. Can the person initiate and follow a daily schedule of activities (e.g. when to get up, what to do, and when to go to bed)?  
 Yes  No
2. Does the person acquire and retain new skills and readily apply them?  
 Yes  No
3. Can the person utilize familiar community resources (e.g. post office, stores, bus, bank)?  
 Yes  No
4. Can the person avoid common dangers when traveling in the community?  
 Yes  No
5. Can the person identify his or her address and return home or seek assistance if lost or stranded?  
 Yes  No

H. INDEPENDENT LIVING cont.	ADDITIONAL COMMENTS
<p>6. Does the person establish and maintain personal relationships with friends, relatives, co-workers?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Can the person determine his or her degree of participation in religious activities?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does the person make and communicate choices in regard to leisure activities?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Can the person drive a car?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the person exercise reasonably good judgment most of the time?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
I. CIVIL	
<p>1. Does the person know whom to contact if he or she is being exploited or treated unfairly (e.g. police, DSS, Arc, lawyer, etc.)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the person understand how to obtain legal counsel or advocacy services?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the person able to to communicate wishes regarding legal documents or services?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does the person understand the consequences of being charged and convicted of a crime?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Does the person demonstrate a willingness to vote?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
J. FINANCIAL	
<p>1. Can the person make and communicate decisions to manage a budget?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With assistance</p> <p>2. Does the person know the source and amounts of monetary benefits he or she receives on a weekly, monthly or annual basis?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With assistance</p> <p>3. Does the person identify and make change for \$1, \$5, and \$20?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Can the person adequately maintain a bank account?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With assistance</p> <p>5. Can the person protect and spend small amounts of money?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With assistance</p> <p>6. Does the person understand the concept of a debt?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With assistance</p> <p>7. Can the person identify and resist financial exploitation?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	