Other Health Issues				
	Health Issue	**Yes, I Have**	**No, I Don't Have**	**Additional Information**
1.	Memory Loss			
2.	Difficulty Organizing or Planning			
3.	Aggression			
4.	Wandering			
5.	Hurting Myself			
6.	Verbally Abusive			
7.	Refusal to Eat or Drink			
8.	Refusal to Take Medication			
9.	Speech Difficulty			
10.	Low Vision			
11.	Bladder Control			
12.	Bowel Control			
13.	Pressure Sore			
14.	Oral Health or Dental Issues (Teeth)			
15.	Skin Condition			
16.	Balance			
17.	Paralysis			
18.	Hand Coordination			
19.	Amputation (list below)			
20.				

Other Health Issues				
	Health Issue	**Yes, I Have**	**No, I Don't Have**	**Additional Information**
21.	Spasms			
22.	Other Disability (specify below)			
23.				
24.				
25.				