

Capacity Interview Worksheet

Affix patient label within this box

Health Care <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed	Response to Query	
<p>Medical conditions</p> <ul style="list-style-type: none"> ▪ Able to identify medical condition(s) and treatment(s) ▪ Makes and keeps medical appointments ▪ Participates in own care and treatment ▪ Requests assistance, as needed ▪ Recognizes emergencies and uses EMR <p>Medication Regime</p> <ul style="list-style-type: none"> ▪ Aware of current medications and reasons for taking them ▪ Aware of potential side effects ▪ Takes medications as prescribed <p>Consent to Treatment</p> <ul style="list-style-type: none"> ▪ Aware of medical problem(s) ▪ Aware of proposed treatment and alternatives ▪ Aware of consequences of accepting or refusing treatment, if explained 		
	<p>Opinion (and rationale regarding opinion) of the Adult's Capacity</p> <p> <input type="checkbox"/> Has capacity <input type="checkbox"/> Significantly Impaired <input type="checkbox"/> Lacks capacity </p>	
Name of Assessor / Designation <i>(please print)</i>	Signature	Date <i>(yyyy-Mon-dd)</i>

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Accommodation <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed	Response to Query	
<p>Suitability of Residence</p> <ul style="list-style-type: none"> ▪ Describes current living situation and willing to accept help, if required ▪ Identifies current needs and assistance / services required ▪ Recognizes level of independence and able to organize assistance in areas such as Personal Care, Basic Home Maintenance, Meal Preparation, Mobility ▪ Aware of other suitable residential alternatives ▪ Can access transportation <p>Safety: evaluate risk and independence</p> <ul style="list-style-type: none"> ▪ Recognizes potential fire hazards ▪ Functions outside familiar environment ▪ Aware of environmental risks (icy conditions, traffic) <p>Behaviours</p> <ul style="list-style-type: none"> ▪ Wanders ▪ Refuses services to mitigate risk 	<div style="border: 1px solid black; height: 300px; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; padding: 2px 5px;">Opinion (and rationale regarding opinion) of the Adult's Capacity</div> <p> <input type="checkbox"/> Has capacity <input type="checkbox"/> Significantly Impaired <input type="checkbox"/> Lacks capacity </p>	
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Choice of Associates <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed	Response to Query	
<ul style="list-style-type: none"> ▪ Recognizes when others present a danger and takes precautions ▪ Able to choose companions who do not abuse or exploit the patient ▪ Recognizes frequently seen associates ▪ Congruence with values and ability to express preferences <p>Sexuality/Intimacy</p> <ul style="list-style-type: none"> ▪ Consent ▪ Knowledge of relational concepts ▪ Social norms 		
	<input type="checkbox"/> Has capacity <input type="checkbox"/> Significantly Impaired <input type="checkbox"/> Lacks capacity	
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Participation Social/Leisure Activities <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed	Response to Query	
<ul style="list-style-type: none"> ▪ Able to choose social activities to suit interests ▪ Level of independence ▪ Engagement ▪ Ability to identify preferences 		
	Opinion (and rationale regarding opinion) of the Adult's Capacity	
	<input type="checkbox"/> Has capacity <input type="checkbox"/> Significantly Impaired <input type="checkbox"/> Lacks capacity	
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Legal Matters (e.g. PD, EPoA, Will) <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed	Response to Query	
<p>General</p> <ul style="list-style-type: none"> ▪ Aware of legal rights ▪ Able to access counsel (formal and informal) ▪ Understands the implications of signing a legal document ▪ Understands reasons for legal proceedings (e.g. reason for charge, reason for suit, etc.) ▪ Permits / licenses are relevant ▪ Able to apply for licenses / permits 		
	<p>Opinion (and rationale regarding opinion) of the Adult's Capacity</p>	
	<p> <input type="checkbox"/> Has capacity <input type="checkbox"/> Significantly Impaired <input type="checkbox"/> Lacks capacity </p>	
<p>Name of Assessor / Designation <i>(please print)</i></p>	<p>Signature</p>	<p>Date <i>(yyyy-Mon-dd)</i></p>

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Participation in Employment Activities <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed	Response to Query	
<ul style="list-style-type: none"> ▪ Makes decisions re: type of work ▪ Able to find and maintain employment suitable to abilities ▪ Ability to identify preferences ▪ Awareness of skill level (strengths and weaknesses) ▪ Able to recognize and avoid workplace hazards ▪ Able to understand wages and benefits ▪ Aware of work alternatives and consequences of not working 		
	Opinion (and rationale regarding opinion) of the Adult's Capacity	
	<input type="checkbox"/> Has capacity <input type="checkbox"/> Significantly Impaired <input type="checkbox"/> Lacks capacity	
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Participation in educational, vocational or other training <input type="checkbox"/> Assessed <input type="checkbox"/> Not assessed	Response to Query	
<ul style="list-style-type: none"> ▪ Education, vocation and / or training is relevant ▪ Ability to identify preferences ▪ Awareness of skill level (strengths and weaknesses) ▪ Awareness of options and able to choose a training program ▪ Initiates or terminates program independently 		
	<input type="checkbox"/> Has capacity <input type="checkbox"/> Significantly Impaired <input type="checkbox"/> Lacks capacity	
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Financial	<input type="checkbox"/> Assessed	<input type="checkbox"/> Not assessed	Response to Query
<p>Income/Assets</p> <ul style="list-style-type: none"> ▪ Source(s) and amounts ▪ Bank information and signing authority on accounts ▪ Monitors account activity ▪ Knowledge of types and value of assets ▪ Manages investments ▪ Plans to acquire or dispose of asset(s) <p>Expenses/Debts</p> <ul style="list-style-type: none"> ▪ Types and amounts ▪ Method(s) of bill payment ▪ Gifts and donations ▪ Arranges for tax payments, does income tax return ▪ Debts <p>Financial Management</p> <ul style="list-style-type: none"> ▪ Maintains budget / accesses money ▪ Handles currency / issues cheques ▪ Able to ask for assistance ▪ Safeguards financial documents and information ▪ Manages business <p>Risks of Exploitation</p> <ul style="list-style-type: none"> ▪ Purchases from solicitors ▪ Recognizes abuse by caregivers ▪ Employs protective strategies 	Opinion (and rationale regarding opinion) of the Adult's Capacity		
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Plan of Action			
<input type="checkbox"/> Enact personal directive	<input type="checkbox"/> Enact enduring power of attorney	<input type="checkbox"/> Apply for guardianship	<input type="checkbox"/> Apply for trusteeship
<input type="checkbox"/> Apply for co-decision-making	<input type="checkbox"/> Specific decision making	<input type="checkbox"/> Apply for informal trusteeship	
<input type="checkbox"/> Restoration of capacity	<input type="checkbox"/> Other (<i>specify</i>)		
Comments (<i>specify domains enacted or restored, etc.</i>)			
<input type="checkbox"/> Adult informed of assessment findings and plan of action			
Comments			
<input type="checkbox"/> Plan of action outlined above has been discussed with referral source			
Comments			
Name of Assessor / Designation (<i>please print</i>)	Signature	Date (<i>yyyy-Mon-dd</i>)	