



## Wandering Behavior: Individual Profile

**Purpose:** All searches begin with an investigative component. During this time you will be asked dozens of questions to aid law enforcement and search teams determine where and how to look. This information is critical to the success of the search. Completion of this form, before an incident, allows the searching to start sooner and aids in collecting more accurate information.

Individual Information			
First Name:	Middle Name:	Last Name:	
Nickname:	Previous Last Name:	Social Security #	
Home Street Address:	City:	State:	Zip Code:
Local Street Address: (if different from above)	City:	State:	Zip code:
Home Phone #:	Local Phone #: (if applicable)		
Primary language spoken?			

Contact Information (person providing information)			
First Name:	Middle Name:	Last Name:	
Relationship to individual:			Date Completed:
Home Street Address:	City:	State:	Zip Code:
Local Street Address: (if different from above)	City:	State:	Zip Code:
Home Phone #:	Local Phone #: (if applicable)		
Cell Phone #: (if applicable)	Work Phone #: (if applicable)		

Physical Description			
Date of Birth:	Age:	Sex:	Race:
Height:	Weight:	Eye Color:	Hair Color:
Hair Length:	Hair Style:	Balding	Mustache
Beard	Sideburns	Facial Features/shape:	Complexion:
Marks/Scars/Tattoos:	General Appearance:	Build:	

\*Complete the shaded missing column only if a wandering incident occurs. If it appears the individual has the item with them check yes.

<b>Accessories and Equipment</b>			
<b>Item</b>	<b>Owns</b>	<b>Description</b>	<b>Missing?*</b>
Glasses	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Dentures	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Hearing Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Cane or walker	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Watch or Jewelr	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Wallet/purse Contents	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Keys	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Safe Return Products	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Other items (tissue, tobacco, matches, lighter, items stuffed in pockets, etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>
Weapons	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>

## **Clothing Worn When Last Seen**

Fill in this section only if a wandering incident occurs. On a separate sheet of paper you might consider keeping an inventory of the person's clothing and footwear.

<b>Item</b>	<b>Style/Description</b>	<b>Color</b>
Hat/Cap		
Shirt		
Pants		
Dress		
Sweater		
Coat/Jacket		
Footwear		
Underwear		
Other		

## Vehicle Information

Fill this information if the individual has access to a vehicle

Make	Model	Color	Plate #
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## Physical Health

Uncorrected Vision:	Uncorrected hearing:
Known Medical conditions:	
General Physical condition:	
Prescribed Medications:	
Over-the-Counter Medications:	
Consequences of not taking medication:	
General Physician: Address:	Office Phone Number:
Emergency Phone Number:	

## Dementia/Alzheimer's Questions

Dementia Diagnosis: (Alzheimer's, Vascular, Parkinson's, etc)	
Neurologist/Gerontologist: Address:	Office Phone Number: Emergency Number:
MMSE Score (obtain from Physician)	Date of Last MMSE test

Pick the box below that best describes the subject		
<input type="checkbox"/> Mild confusion and forgetfulness, short - term memory affected.	<input type="checkbox"/> Difficulty distinguishing time, place, and person. Some language difficulties.	<input type="checkbox"/> Nearly complete loss of judgment, reasoning, and loss of some physical control.

Questions for Dementia Disability Assessment			
Complete the following questions on the basis of the last two weeks. Check yes if the activity is performed even once.	Yes	No	N/A
Wash himself/herself or to take a bath or shower			
Brush his/her teeth or care for his/her dentures			
Decide to care for his/her hair (wash and comb)			
Prepare the water, towels, and soap for washing, taking bath, or shower			
Wash and dry completely all parts of his/her body safely			
Brush his/her teeth or care for is/her dentures appropriately			
Dress himself/herself			
Choose appropriate clothing (with regard to the occasion, neatness, the weather, and color combination)			
Dress himself/herself in the appropriate order (undergarments, pat/dress, shoes)			
Dress himself/herself completely			

Dementia/Alzheimer's Questions	Yes	No
Decide to use the toilet at appropriate times		
Use the toilet without "accidents"		
Decide that he/she needs to eat.		
Choose appropriate utensils and seasonings when eating		
Eat his/her meal in the appropriate sequence		
Eat his/her meals at a normal pace and with appropriate manners		
Prepare a light meal or snack for himself/herself		
Adequately plan a light meal or snack (ingredients, cookware)		
Prepare or cook a light meal or snack safely.		
Attempt to telephone someone at a suitable time		
Find and dial a telephone number correctly		
Carry out an appropriate telephone conversation		
Write and convey a telephone message adequately		
Go out (walk, visit, shop) at an appropriate time		
Decide to use a mode of transportation (car, bus, taxi)		
Adequately organize an outing with respect to transportation, keys, destination, weather, necessary money, shopping list		
Go out and reach a familiar destination without getting lost		
Go out and reach a non-familiar destination without getting lost		
Safely take the adequate mode of transportation (car, bus, taxi)		
Return from the store with the appropriate items		

Show an interest in his/her personal affairs such as his/her finances and written correspondence		
Organize his/her finance to pay his/her bills (checks, bankbook, bills)		
Adequately organize his/her correspondence with respect to stationery, address, stamps		
Handle adequately his/her money (make change)		
Complete his/her financial transactions adequately		
Answer his/her correspondence adequately		
Decide to take his/her medications at the correct time		
Take his/her medications as prescribed (according to the right dosage)		
Shows an interest in leisure activity(ies)		
Takes an interest in household chores he/she used to perform in past		
Plan and organize adequately household chores that he/she used to perform		
Complete household chores adequately as he/she used to perform in the past		
Stay safely at home by himself/herself		

<b>Additional Questions</b>	<b>Yes</b>	<b>No</b>
Does the subject know name?		
Does the subject know where they are when at home?		
Does the subject recognize the local neighborhood?		
Does the subject recognize familiar faces?		
Will subject answer to his/her name being called?		
Is subject able to conduct a conversation?		
Does the subject have the ability to tell time?		

	Yes	No	If yes please describe
Does the subject suffer from personality or emotional changes?			
Does the subject suffer from delusions?			
Does the subject suffer from paranoia?			
Does the subject suffer from hallucinations?			
Does the subject suffer from depression?			
Has the subject experienced an emotional, mental or physical trauma?			
Has the subject shown violence towards others?			
Is the subject suicidal?			
Does the subject use alcohol, tobacco or illegal drugs?			
Is the subject registered with a tracking device program?			If yes, please list ID #

<b>Individual's Experience</b>					
<b>Residence type</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Dwelling type</b>	<b>Years</b>
Current					
Previous					
Previous					
Previous					
Previous					
Childhood					
Childhood					
Other					

<b>Individual's Experience cont.</b>	<b>Yes</b>	<b>No</b>	<b>If yes please describe</b>
Is subject familiar with area where last seen?			
What is the subject's favorite area?			
Has the subject been involved with outdoor classes, scouting, military, overnight experiences, or outdoor recreation?			
Is the subject afraid of noises, crowds, dogs, traffic, water, horses, the dark, or other items?			
Does the subject own a pet?			
Will the subject talk to strangers?			
Is the subject dangerous to themselves or others?			

Please describe each incident where the subject wandered away. Please continue on additional pieces of paper if required. If possible, mark the location where the person was found on a map.

	<b>Incident #1</b>	<b>Incident #2</b>	<b>Incident #3</b>
Date			
Where the person was last seen?			
What was the person doing when last seen?			
Events that might have caused the person to have wandered?			
What actions did you take?			
Where was the person found?			
How was the person found?			
List any medical problems that resulted from being lost			
What was the distance from the point the person was last seen ?			



## Occupation and Hobbies

Please list job occupations/major volunteer work beginning with the current or most recent.

Job Occupation/Volunteer Work	Years

Please list hobbies and interests.

Hobby or interest	Years

## Walking Habits

Distance typically walked each day (during the past week.)	Miles
Greatest distance walked during the past three months.	Miles
Greatest distance walked during the past ten years.	Miles
Number of walks during the past week	
Estimate the greatest distance you believe the person could walk	Miles
<b>Please rate the person's ability to walk</b>	
<input type="checkbox"/> Confined to bed, unable to walk	<input type="checkbox"/> Requires walker or cane to walk small distances
<input type="checkbox"/> Walks unassisted for short distances but shuffles or limps	<input type="checkbox"/> Walks with assistance
	<input type="checkbox"/> Walks effortlessly
Please list any physical limitations to walking	

## Critical Wandering Patterns

**Please answer the following questions in regards to the last 6 months**

	Yes	No	If Yes, please describe
Does the person talk about a person or place that is out of town?			
Does the person talk about a person who is no longer alive?			
Does the person talk about visiting a person or place that is out of town?			
Has the person attempted to visit a person or place out of town without supervision?			
Can the person drive a car safely?			
Can the person find keys and start a car?			
Does the person desire to drive a car?			
Does the person travel independently using public or private transportation?			
Has the person attempted to travel independently on public or private transportation in the last 6 months?			
Does the person walk or travel a considerable distance from home and return unaided?			
Does the person get lost or confused easily in an unfamiliar setting?			
Does the person get lost or confused easily at home/living quarters?			

Please answer the following questions in regards to the last 6 months

<b>Critical Wandering Patterns cont.</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, please describe</b>
Person wanders.			
Person wanders at night.			
Person wanders during the day.			
Wandering appears goal-oriented.			
Wandering appears random.			
Person seeks out exits or tries to leave present location.			
Wandering pattern similar to pacing (back and forth).			
Wandering appears related to a search for a person or place.			

## Photograph

Please obtain two recent photographs that could be released to law enforcement and the media if required. One photograph should be a portrait while the second should show the full body.

Date of Photo:	Changes since photo taken:
Is a Videotape available:	Location of Videotape:

