

## Wanderers Information Sheet

**Purpose:** Please use this form to provide information in case the person wanders away or becomes lost. Keep a copy of this sheet handy to give to law enforcement. 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. Form Designed by Robert Koester. Presented by the SARTEC K-9 Unit, Madison County, Alabama

### Wanderer Information

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
<b>First or Nickname:</b>		<b>Name to call:</b>		<b>Social Security #</b>	
<b>Home Street Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Local Street Address: (if applicable)</b>		<b>City:</b>		<b>State:</b>	<b>Zip code:</b>
<b>Home Phone #:</b>			<b>Local Phone #: (if applicable)</b>		

### Contact Information (person providing information)

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Relationship to Wanderer:</b>				<b>Date Completed:</b>	
<b>Home Street Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Local Street Address: (if applicable)</b>		<b>City:</b>		<b>State:</b>	<b>Zip code:</b>
<b>Home Phone #:</b>			<b>Local Phone #: (if applicable)</b>		
<b>Cell Phone #: (if applicable)</b>	<b>Pager #:</b>	<b>Work Phone #: (if applicable)</b>			

### Physical Description

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

**Notes:**

## Accessories and Equipment

Item	Owns?	Description	Missing?*
<b>Glasses</b>	Yes No		Yes
<b>Dentures</b>	Yes No		Yes
<b>Hearing Aid</b>	Yes No		Yes
<b>Cane or walker</b>	Yes No		Yes
<b>Watch</b>	Yes No		Yes
<b>Jewelry</b>	Yes No		Yes
<b>Wallet/purse Contents</b>	Yes No		Yes
<b>Keys</b>	Yes No		Yes
<b>Safe Return Products</b>	Yes No		Yes
<b>Other items</b> (tissue, tobacco, matches, lighter, items stuffed in pockets, etc)	Yes No		Yes

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

## 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.

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

**Notes:**

## Physical Health

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

## Dementia/Alzheimer's Questions

<b>Dementia Diagnosis: (Alzheimer's, Vascular, Parkinson's, etc)</b>			
<b>Neurologist/Gerontologist: Address:</b>	<b>Office Phone Number: Emergency Number:</b>		
<b>MMSE Score (obtain from Physician)</b>	<b>Date of Last MMSE test</b>		
<b>Pick the box below that best describes the subject</b>			
Mild confusion and forgetfulness, short-term memory affected.	Difficulty distinguishing time, place, and person. Some language difficulties.	Nearly complete loss of judgment, reasoning, and loss of some physical control.	
<b>Complete the following questions on the basis of the last two weeks. Check yes if the activity is performed even once.</b>			
<b>Questions for Dementia Disability Assessment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Undertake to wash himself/herself or to take a bath or shower.			
Undertake to 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			
Undertake to 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			

**Notes:**

Questions	YES	NO	N/A
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			
Undertake to 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			
Undertake to 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>TOTALS</b>			

	Yes	No
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?		

**Notes:**

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?					
	<b>Yes</b>	<b>No</b>	<b>If yes please describe</b>		
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 breakdown					
Has the subject shown violence towards others					
Is the subject registered in the Alzheimer's Associations' Safe Return program			If yes, please list ID #		

**Subject's Experience**

Residence type	Address	City	State	Dwelling type	Years
Current					
Previous					
Previous					
Previous					
Previous					
Childhood					
Childhood					
Other					

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**Notes:**

	Yes	No	If yes please describe
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?			
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.**

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

**Notes:**

**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

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**Notes:**

## 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>				
Confined to bed, unable to walk	Requires walker or cane to walk small distances	Walks unassisted for short distances but shuffles or limps	Walks with assistance	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 attempt 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.			

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**Notes:**



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

	Yes	No	If Yes, please describe
Person wanders.			
Person wanders at night.			
Person wanders during the day			
Wandering appears goal-oriented			
Wandering appears random			
Person seeks out exits or tires to escape from 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 facial photograph while the second should show the full body. The Alzheimer’s Association Safe Return program requests one original photo, passport size or larger

<b>Date of Photo:</b>	<b>Changes since photo taken:</b>
<b>Is a Videotape available:</b>	<b>Location of Videotape:</b>

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**Notes:**