

LAY-PERSON STATEMENT

Your name _____

Name of the disabled person _____

Your relationship to the disabled person? _____

How often do you see the disabled person? _____

When you see the disabled person, how many hours do you spend with them? _____

When you see the disabled person, what are they doing?

When you see the disabled person, what % of the time do they **lie down OR elevate their leg/legs**?

☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

When you see the disabled person, do they have difficulty **sitting**?

When you see the disabled person, do they have difficulty **standing**?

When you see the disabled person, do they have difficulty **walking**?

When you see the disabled person, do they need - ☐ Cane ☐ Crutches ☐ Walker ☐ Wheelchair

When you see the disabled person, do they have difficulty **reaching**?

When you see the disabled person, do they have difficulty **handling (gross manipulation)**?

When you see the disabled person, do they have difficulty **fingering (fine manipulation)**?

When you see the disabled person, what % of the time are they **unable to leave the house**?

☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

Signature

Date