<u>Capacity Worksheet for Lawyers - Self Assessment</u>

Attorney:	Date:
who may have concerns about their current cog qualified professional is recommended if you ha	ve concerns about your findings. If you need onal, please contact The Mississippi Bar Lawyers
	ion to significant changes in your functioning over around you observed marked changes. Check all the additional comments section to cite other
Do you have concern(s) about your functioning	personally or professionally? Yes / No
If yes, please identify the concern(s,) and offer a	ny thoughts as to possible cause(s.)
Have others expressed concern(s) about your fu	nctioning personally or professionally? Yes / No
If yes, please identify who has expressed concern	n(s,) and what concern(s) were expressed.
What are your thoughts about the concern(s) ex	pressed?

Cognitive Functioning

Short-term Memory Problems
Repeating questions frequently
Forgetting what is discussed within 15-30 min
Inability to remember/recall events of past few days
Additional comments:
Language/Communication Problems
Difficulty finding words frequently
Using uncharacteristically vague language
Experiencing difficulty staying on topic
Disorganized
Unusual statements or reasoning
Additional comments:
Comprehension Problems
Difficulty repeating simple concepts
Repeated questioning
Additional comments:

Lack of Mental Flexibility	
Difficulty comparing alternatives Difficulty adjusting to changes	
Additional comments:	
Calculation/Financial Management Problems	
 Difficulty with previously familiar mathematical operations Difficulty with billing process Difficulty paying bills and managing office or personal finances 	
Additional comments:	
Disorientation	
Trouble navigating office or other familiar work environments; getting lost in familiar area Confusion about day/time/year/season	S
Additional comments:	

Emotional Functioning Emotional Distress _____ _____ Anxiety _____ Depressed mood _____ Tearful/distressed _____ Excited/pressured/manic ____ Uncharacteristic anger _____ Seemingly misplaced/misdirected anger ____ Emotional lability Moving quickly between emotions (ex. - laughter to tears) Experiencing emotions inconsistent with situation (ex. – smiling at sad news) Additional comments: **Behavioral Functioning / Examples** Delusions ____ Feel others out "to get" you or spying/organizing against you ____ Feel persecuted _____ Fearful, feel unsafe Hallucinations _____ Hearing, seeing, or otherwise interacting with stimuli others can't see or hear Poor Grooming/Hygiene _____ _____ Lack of attention to appearance (unusually unclean/unkempt) ____ Inappropriate dress

Additional comments:

Mitigating/Qualifying Factors		
Stress, grief, depression, recent events affecting you:		
Madical factors / conditions		
Medical factors / conditions Sensory functioning (hearing / vision less)		
Sensory functioning (hearing / vision loss)		
Family history of dementia		
Substance abuse / dependence		
Hypertension		
Stroke history		
Thyroid disease		
Chemotherapy		
Sleep apnea		
Prescription medications		
High cholesterol		
Additional:		
Other Comments/Considerations		

Source: Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers, by the ABA Commission on Law and Aging and the American Psychological Association (2005). Please read and review the handbook prior to using the worksheet.