

# Houston County Sheriff's Office

## Project Lifesaver

144 N. Oates St.

Dothan, Alabama 36303

(334) 677-4808

### Search Management Section

### Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance certain information that will be useful to Search Teams, should the need arise. Providing the information in advance will allow Search Management Personnel to do their job faster, when needed.

Resident: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person filing out this form: \_\_\_\_\_

#### Resident's Personal Data

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Nickname: \_\_\_\_\_

Most Recent Address: \_\_\_\_\_

Most Recent Place of Work: \_\_\_\_\_

Most Recent Occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Living or Deceased

## Family/Friends Information

### Other persons the resident may call

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

## Physical Description

Height \_\_\_\_\_ Weight \_\_\_\_\_ Build \_\_\_\_\_ Hair Color \_\_\_\_\_ Hairstyle \_\_\_\_\_ Eye color \_\_\_\_\_

Complexion \_\_\_\_\_ Beard: Y / N Sideburn: Y / N Mustache: Y / N Balding: Y / N

False Teeth Y / N

Shape of Face: Round / Square / Oval / Other: \_\_\_\_\_ Distinguishing Marks, Scars, Tattoos.

Etc. \_\_\_\_\_

\_\_\_\_\_

If Resident does not understand English, What Language is understood? \_\_\_\_\_

Spoken word Yes/No \_\_\_\_\_ Written word Yes/ No \_\_\_\_\_

Does Resident wear glasses? \_\_\_\_\_ Contacts \_\_\_\_\_

Sunglasses \_\_\_\_\_ If YES to any of the above What Style? \_\_\_\_\_

Does Resident wear glasses or corrective eyewear? What degree of vision does he/she have without the eyewear? None/Poor/Fair/Good

## Personal Data Questions

Does Resident wear a Hearing-Aid? \_\_\_\_ What \_\_\_\_ Style \_\_\_\_ . If YES, What type of Hearing without the Aid does he/she have? None/Poor/Fair/Good \_\_\_\_\_

## Health/Psychological Condition

Any known Physical Handicaps? \_\_\_\_ If YES please Describe

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Any Known Medical Problems? \_\_\_\_ If Yes, please explain: \_\_\_\_\_

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Medications Taken Regularly: \_\_\_\_\_

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List ALL medications using correct name of drug and dosage being Taken:

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Attach a separate page if needed:

Consequences of NOT taking medications? \_\_\_\_\_

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Attending Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Any Psychological Problems? \_\_\_\_\_ If YES, please state nature of problems

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**If Alzheimers Disease has been diagnosed, Answer the following**

1. Does the Resident remain oriented to Time and Person? Explain \_\_\_\_\_

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2. Does the Resident recognize Familiar persons and faces?  
Explain \_\_\_\_\_

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3. Can the Resident travel to familiar locations?  
Explain \_\_\_\_\_

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4. Does the Resident have decreased knowledge of current events or tend to re-live events  
in their past? Explain \_\_\_\_\_

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5. Does the Resident sometimes clothe themselves improperly? Explain \_\_\_\_\_

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6. Does the Resident remember their own names of spouse and or children? Explain

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7. Are the Resident sleeping patterns unusual?

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8. Does the Resident suffer from frequent personality and emotional changes, Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Does the Resident suffer from delusions (See imaginary visitors, talk to his/her reflections in the mirror, imagine that their spouse is an imposter etc.)? Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. How good is the Resident's communication ability? None/Poor/Good/Excellent (circle one)

Personal articles normally carried by the Resident:

Tobacco Products \_\_\_\_\_ Type \_\_\_\_\_ Brand \_\_\_\_\_  
 Candy/ Gum \_\_\_\_\_ Brand \_\_\_\_\_  
 Matches \_\_\_\_\_ Lighter \_\_\_\_\_ Type \_\_\_\_\_  
 Food items \_\_\_\_\_

Facial tissue or other pocket/ purse items:

Describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approximate amount of cash carried? \_\_\_\_\_

Where is it normal carried \_\_\_\_\_

Handbag, Purse or Wallet: description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Jewelry, describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Watch? \_\_\_\_\_ Type \_\_\_\_\_ Description \_\_\_\_\_  
 \_\_\_\_\_

## Equipment:

Cane or Walker \_\_\_\_\_ Hunting or Fishing Equipment, describe \_\_\_\_\_

Other equipment \_\_\_\_\_

Dog \_\_\_\_\_ Name, type and color \_\_\_\_\_

## Experience

Familiar with the local area \_\_\_\_\_ How recently \_\_\_\_\_

If not local area, what other areas are known to Resident? \_\_\_\_\_

Taken outdoor classes \_\_\_\_ Where and When \_\_\_\_\_

First Aid classes \_\_\_\_\_ Where and When \_\_\_\_\_

Scouting \_\_\_\_ Explain \_\_\_\_\_

Military Experience \_\_\_\_\_ Where, When and what branch of service

Recreational Outdoors Experience:

Overnight Camping experience \_\_\_\_\_ Where \_\_\_\_\_

Ever been lost before? \_\_\_\_ Explain \_\_\_\_\_

Located by search and Rescue or just returned

Location and action taken

Ever goes out alone? \_\_\_\_ Stays on trails or roadside?

General Athletic Interest/Ability \_\_\_\_\_

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## Personal Habits

Smoke? \_\_\_\_ What and type \_\_\_\_\_

Drink Alcohol? \_\_\_\_ What and type \_\_\_\_\_

Use illicit Drugs? \_\_\_\_ Type and how often \_\_\_\_\_

Hobbies/ Interests \_\_\_\_\_

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Is the Resident: Quiet or Outgoing **(circle one)** Likes Groups or Being Alone

Evidence of Leadership \_\_\_\_\_

Ever been in trouble with the Law? If Yes explain \_\_\_\_\_

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Religious? Y or N What Faith \_\_\_\_\_

What does Resident value the most? \_\_\_\_\_

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Which Family member is Resident closest to? Relationship \_\_\_\_\_

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Where was Resident born and raised? City, State, County \_\_\_\_\_

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Has Resident received any messages lately?

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Is Resident afraid of dogs? \_\_\_\_ The Dark \_\_\_\_ Noises \_\_\_\_ Horses \_\_\_\_

People \_\_\_\_\_

Other things \_\_\_\_\_

