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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**Division of Public Health Office for the Blind and Visually ImpairedF-00321 (07/2016) |
| **obvi Initial Interview Assessment** |

| **Name – Consumer (Last, First, Middle)** | **Date of Interview** |
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| **Visual Impairment** |
| **Other Disabilities** |
| **Living Situation** |
| **Safety Concerns** |
| **COMMUNICATION** |
| **Reading** |
| **A. Current reading ability** |
| **B. Past reading interest** |
| **C. Use of recorder** |
| **D. Knowledge of talking books** |
| **Writing** |
| **A. Present handwriting skills** |
| **B. Keyboard / computer skills** |
| **C. Use of recorder (past / present)** |
| **FINANCES (Past / Present Abilities and Responsibilities)**      |
| **ACTIVITIES OF DAILY LIVING** |
| **Home Management (Past / Present Abilities and Responsibilities)** |
| **A. Food preparation** |
| **B. Cleaning** |
| **C. Home repairs** |
| **Personal Management (Past / Present)** |
| **A. Grooming / Makeup** |
| **B. Medical management** |
| **C. Clothing identification and care** |
| **D. Money identification** |
| **E. Accessing time / date** |
| **F. Telephone use** |
| **Leisure Time (Past / Present)** |
| **Indoor Mobility (Past / Present)** |
| **A. Present mobility difficulties** |
| **B. Knowledge of human guide** |
| **C. Lighting and contrast** |
| **D. Fall issues** |
| **Name – OBVI Staff Interviewer** |