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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Public Health Office for the Blind and Visually Impaired  F-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** | |