

Adventures Within  
Supplemental Participant Application

Name \_\_\_\_\_

Date \_\_\_\_\_

Please read each question carefully and answer as thoroughly as possible.

1. Date you received the diagnosis of multiple sclerosis \_\_\_\_\_

2. Are you currently seeing any of the of the following professionals (check all that apply)

	<u>Dates of Contact</u>
<input type="checkbox"/> physical therapist	_____
<input type="checkbox"/> occupational therapist	_____
<input type="checkbox"/> Speech/ language therapist	_____
<input type="checkbox"/> psychologist, psychiatrist or psychotherapist	_____
<input type="checkbox"/> other _____	_____

3. How would you describe your present physical ability level as compared to your level prior to the diagnosis of multiple sclerosis?

- unchanged
- slightly changed
- moderately changed
- dramatically changed

4. Please describe the areas in which you feel there have been the most significant changes in your life and lifestyle.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you consider yourself independent with your personal needs ? ( ) yes ( ) No

6. To maintain or maximize your independence, have you had to make any modifications ( )yes ( ) no  
Please explain your answers to the above to questions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What is your primary means of mobility at home?

ambulation  manual wheelchair  3-wheeled scooter  power wheelchair

What is your primary means of mobility outside your home (i.e. work and community?)

ambulation  manual wheelchair  3-wheeled scooter  power wheelchair

What assistive devices for ambulation do you own?

none  cane  crutches  walker  right or  left leg brace or AFO

What assistive devices for ambulation do you use on a regular basis?

none  cane  crutches  walker  right or  left leg brace or AFO

Do you utilize a cooling vest or some other device for temperature regulation?

yes  no

**All assistive devices should be brought with you to the program if possible.**

8. Are you able to negotiate stairs without physical assistance?

- yes
- yes but only if railings are present
- yes but with use of a cane or crutches
- no

9. For which of the activities listed below do you require physical assistance from another person?

- transfers
- personal care
- bathing
- dressing

10. Please check all of the following statements that you feel apply to at this time.

- Sometimes I have trouble swallowing or I choke on  foods  liquids
- I seem to have a difficult time with concentration
- I seem to have trouble remembering what I hear, especially if it is fast and long
- I have greater trouble organizing my thoughts and solving problems than I have had in the past

11. What are your personal reasons for wanting to participate in the Adventures Within program? Please be specific

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Signature \_\_\_\_\_ Date \_\_\_\_\_