



PLS CHARACTERISTICS QUESTIONNAIRE

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| Client's Name: | Client's Number: | Frequency Number: |
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- Does the client remain oriented to "time and person"? YES / NO
Please explain: _____
- Does the client recognize familiar people or faces? YES / NO
Please explain: _____
- Who does the client feel the most closest or belonging to? _____
- Does the client remember names, their own, family members and friends? YES / NO
Please explain: _____
- Will the client associate with stranger? YES / NO
If yes, explain: _____
- Where was the client born or predominately raised? _____
If not local, do they know the area well? YES / NO
If no, what area is/are familiar to them? _____
Do they know how to get there? YES / NO Explain: _____
- How well can the client communicate? For example, Unable, Poor, Fair, Excellent:
Please explain: _____
- Does the client experience diminished knowledge? YES / NO
If yes, please explain: _____
- Does the client relive past events? YES / NO
If yes, please explain: _____
- Can the client properly cloth or dress themselves on a daily basis? YES / NO
If no, please explain: _____
- Are the client's sleep patterns regular? YES / NO
Please explain: _____



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12. Does the client frequently suffer from personality or emotional changes? YES / NO
If yes, please explain: _____
13. Does the client experience hallucination or delusions? YES / NO
If yes, please explain: _____
Are they violent? YES / NO If yes, explain: _____
What tends to calm them down: _____
14. Is the client a danger to themselves or others? YES / NO
If yes, please explain: _____
15. Does the client have any fears? For instance: Dogs, Darkness, Water etc. YES / NO
If yes, please explain: _____
16. Does the client use any tobacco products? YES / NO
If yes, please explain: _____
Do they carry matches or lighters? YES / NO
17. Does the client eat candy, chew gum or other snacks? YES / NO
If yes, please explain: _____
Do they have a favorite store to obtain these items? Explain: _____
18. Does the client carry food items? YES / NO
If yes, please explain: _____
19. Does the client carry other items; like, wallet, cosmetics, cash, checks etc.? YES / NO
If yes, please explain: _____
20. Does the client wear jewelry? YES / NO
If yes, please explain: _____
21. Has the client taken any outdoor classes?
If yes, where and when: _____
22. Has the client ever had first aid training? YES / NO
If yes, where and when: _____



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23. Has the client been involved in scouting, outdoor recreation or camping? YES / NO

If yes, where and when: _____

24. Has the client ever been lost? YES / NO

If yes, where and when: _____

Was client located by searchers or did s/he find their way home? YES / NO

If yes, please explain: _____

25. Does the client ever go out alone? YES / NO

If yes, where and when: _____

26. Is the client quiet or outgoing? YES / NO

If yes, please explain: _____

Does the client like to be alone or with groups? YES / NO

Please explain: _____

27. What is the clients athletic interest or abilities?

Please explain: _____

28. Does the client have any interests or hobbies? YES / NO

Please explain: _____

29. Does the client have any religious affiliation? YES / NO

Please explain: _____

Please add any additional information you may think is relevant to a search and rescue:
