

Capacity Worksheet for Lawyers – Self Assessment

Attorney: _____

Date: _____

This is not a diagnostic tool. This self-assessment is designed as a starting point to assist lawyers who may have concerns about their current cognitive functioning. A thorough assessment by a qualified professional is recommended if you have concerns about your findings. If you need assistance with a referral to a qualified professional, please contact The Mississippi Bar Lawyers and Judges Assistance Program. When following up with a professional, you are encouraged to provide this assessment.

As you consider the following, pay special attention to significant changes in your functioning over time. Have you recently noticed, or have those around you observed marked changes. Check all that apply, and indicate specific examples. Use the additional comments section to cite other examples as needed.

Do you have concern(s) about your functioning personally or professionally? Yes / No

If yes, please identify the concern(s,) and offer any thoughts as to possible cause(s.)

Have others expressed concern(s) about your functioning personally or professionally? Yes / No

If yes, please identify who has expressed concern(s,) and what concern(s) were expressed.

What are your thoughts about the concern(s) expressed?

Cognitive Functioning

Short-term Memory Problems _____

- _____ Repeating questions frequently
- _____ Forgetting what is discussed within 15-30 min
- _____ Inability to remember/recall events of past few days

Additional comments:

Language/Communication Problems _____

- _____ Difficulty finding words frequently
- _____ Using uncharacteristically vague language
- _____ Experiencing difficulty staying on topic
- _____ Disorganized
- _____ Unusual statements or reasoning

Additional comments:

Comprehension Problems _____

- _____ Difficulty repeating simple concepts
- _____ Repeated questioning

Additional comments:

Lack of Mental Flexibility _____

_____ Difficulty comparing alternatives

_____ Difficulty adjusting to changes

Additional comments:

Calculation/Financial Management Problems _____

_____ Difficulty with previously familiar mathematical operations

_____ Difficulty with billing process

_____ Difficulty paying bills and managing office or personal finances

Additional comments:

Disorientation _____

_____ Trouble navigating office or other familiar work environments; getting lost in familiar areas

_____ Confusion about day/time/year/season

Additional comments:

Emotional Functioning

Emotional Distress _____

- _____ Anxiety
- _____ Depressed mood
- _____ Tearful/distressed
- _____ Excited/pressured/manic
- _____ Uncharacteristic anger
- _____ Seemingly misplaced/misdirected anger
- _____ Emotional lability
 - Moving quickly between emotions (ex. - laughter to tears)
 - Experiencing emotions inconsistent with situation (ex. – smiling at sad news)

Additional comments:

Behavioral Functioning / Examples

Delusions _____

- _____ Feel others out “to get” you or spying/organizing against you
- _____ Feel persecuted
- _____ Fearful, feel unsafe

Hallucinations _____

- _____ Hearing, seeing, or otherwise interacting with stimuli others can’t see or hear

Poor Grooming/Hygiene _____

- _____ Lack of attention to appearance (unusually unclean/unkempt)
- _____ Inappropriate dress

Additional comments:

Mitigating/Qualifying Factors

Stress, grief, depression, recent events affecting you:

Medical factors / conditions

- _____ Sensory functioning (hearing / vision loss)
- _____ Family history of dementia
- _____ Substance abuse / dependence
- _____ Hypertension
- _____ Stroke history
- _____ Thyroid disease
- _____ Chemotherapy
- _____ Sleep apnea
- _____ Prescription medications
- _____ High cholesterol

Additional:

Other Comments/Considerations

Source: *Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers*, by the ABA Commission on Law and Aging and the American Psychological Association (2005).
Please read and review the handbook prior to using the worksheet.