Sunnybrook
IMPACT CLINIC

IMPACT Interview Guide

Patient Name: _____

Date: _____

Doctor: _____

IMPACT Visit Number: _____

Guide and Notes

Patient Summary:

Physician/Team Main Concerns:

Patient and Family Concerns:

Sunnybrook
IMPACT CLINIC

Question Guide	Notes
Living Arrangements • Where do you live? • Do you live alone? • Do you have visitors to your home?	

Daily Living
 	
A regular day
"Tell me about your day yesterday"
 	
Including:
• meals
• medication times
• activity
• ADLs
  o bathing, dressing, grooming
• IADLs
  o banking, house cleaning, meal preparation, transportation, medication administration
• bedtime and sleep	

Mobility • Mobility in and outside the home • Falls (recent) • Pain • Exercise • "Has a Therapist been to your home to assess your safety?"	

Question Guide	Notes
Nutrition • Appetite • Meal time o "Do you enjoy meal time?" • Weight loss/gain	
Sensory/cognition • Vision • Hearing • Mood • Memory o "Have others expressed concern about your memory?"	
Medication • Medication List o "Do you know/understand what you are taking?" • Help with medication	