

# SHORT FORM INDEX OF CARE

Site No. \_\_\_\_\_ Project Name: \_\_\_\_\_ Burial No. \_\_\_\_\_

Estimated Sex<sup>1</sup>: \_\_\_\_\_ Estimated Age<sup>2</sup>: \_\_\_\_\_ Other Identifier: \_\_\_\_\_

<b>DOCUMENT</b>	<b>Diagnosis</b>	<input type="checkbox"/> Single [agreed] diagnosis _____ <input type="checkbox"/> Possible diagnoses (if more than one) _____ <input type="checkbox"/> Unknown _____
	<b>Comments</b>	
	<b>Disease Type</b>	<i>Select all that apply:</i> <input type="checkbox"/> Infectious <input type="checkbox"/> Metabolic <input type="checkbox"/> Dental <input type="checkbox"/> Trauma <input type="checkbox"/> Joint Disease <input type="checkbox"/> Congenital <input type="checkbox"/> Neoplasm (Cancer) <input type="checkbox"/> Other
	<b>Comments</b>	
	<b>Duration</b>	<input type="checkbox"/> Chronic (> 6 months) or <input type="checkbox"/> Acute (< 6 months) <input type="checkbox"/> Unsure/Unknown
	<b>Activity</b>	<input type="checkbox"/> Active <input type="checkbox"/> Healing <input type="checkbox"/> Healed
	<b>Comments</b>	
<b>POSSIBLE/PROBABLE IMPACTS</b>	<b>CLINICAL</b>	
	<i>Select all that apply:</i> <input type="checkbox"/> Muscle-Skeletal (e.g. trauma, joint disease, etc.) <input type="checkbox"/> Nervous/Sensory <input type="checkbox"/> Mental/Cognitive <input type="checkbox"/> Respiratory <input type="checkbox"/> Immune <input type="checkbox"/> Digestive/Metabolic/Endocrine <input type="checkbox"/> Reproductive/Genitourinary <input type="checkbox"/> Skin/Soft Tissue <input type="checkbox"/> Unknown/Unsure	
	<b>Comments</b>	
	<b>Duration</b>	<input type="checkbox"/> Chronic (> 6 months) or <input type="checkbox"/> Acute (< 6 months) <input type="checkbox"/> Unsure/Unknown
	<b>Comments</b>	

<sup>1</sup> Male,                      Female,                      Probable Female,    Probable Male,                      Ambiguous,                      Indeterminate

<sup>2</sup> Fetal (*in utero*)    Infant (birth to 3 years)    Child (3 to 12 years)    Adolescent (13 to 17 years)    Young Adult (18 to 25 years)    Young Middle Adult (26 to 35 years)    Middle Adult 36 to 45 years    Mature Adult (46+ years)    Adult (>25 years)

Recorder Names: \_\_\_\_\_ Date: \_\_\_\_\_

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POSSIBLE/ PROBABLE IMPACTS	<b>FUNCTIONAL</b>	
	<b>Essential</b>	<i>Select all that apply:</i> <input type="checkbox"/> Access to food/water <input type="checkbox"/> Manage Personal Hygiene <input type="checkbox"/> Mobility (short distances) <input type="checkbox"/> Feed and Drink oneself <input type="checkbox"/> Control body position <input type="checkbox"/> Motor Control/handle objects <input type="checkbox"/> Speech function/communication
	<b>Comments</b>	
	<b>Duration</b>	<input type="checkbox"/> Chronic (> 6 months) or <input type="checkbox"/> Acute (< 6 months) <input type="checkbox"/> Unsure/Unknown
	<b>Comments</b>	
	<b>Societal/ Instrumental</b>	<i>Select all that apply:</i> <input type="checkbox"/> "Lifestyle" Demands <input type="checkbox"/> Economic/ Contribute to Community <input type="checkbox"/> Domestic Duties <input type="checkbox"/> Mobility (long distance) <input type="checkbox"/> Community Life <input type="checkbox"/> Interpersonal Relationships <input type="checkbox"/> Learning/Applying Knowledge <input type="checkbox"/> Unknown/Unsure
	<b>Comments</b>	
	<b>Duration</b>	<input type="checkbox"/> Chronic (> 6 months) or <input type="checkbox"/> Acute (< 6 months) <input type="checkbox"/> Unsure/Unknown
	<b>Comments</b>	

Based on the evidence discussed in the case study above, do you feel that this individual is suitable for full assessment for the Bioarchaeology of Care (Index of Care)? Yes: \_\_\_\_\_ Possibly: \_\_\_\_\_ No: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recorder Names: \_\_\_\_\_ Date: \_\_\_\_\_