**Elder Risk Screen**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PCP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screener:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred language:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Positive screen for:** (Check all that apply)

**🞏 Cognitive Impairment 🞏 Falls and Mobility Disorders**

**🞏 Urinary Incontinence 🞏 Advance Care Planning Needs**

 🞏 **Medication** **Review** 🞏 **Self-Reported Vision Screen**

This screen is to be administered in the setting of Elder Health Screen Events or at intake to Elderly Program.

1. **Memory Screening** (**Cognitive Impairment**)
2. History given by: Patient Surrogate (circle one)

***YES NO***

1. Problems with memory? . . . . . . . . . . . . . If ***YES***, duration of symptoms: weeks/months/years
2. Client has someone to help him/her . . If ***YES***, primary caregiver:

# “Mini Cog” Screen (Cognitive Screening – Use scoring page to record)

# Word Registration: “Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are “ball” “flag” and “tree”. [It is ok to translate to the client’s preferred language] Please say them for me now.”

# [If the client is unable to repeat the words after 3 attempts, move on to clock drawing]

# Alternate word lists: Banana, Sunrise, Chair // Leader Season Table // Village Kitchen Baby // River Nation Finger

# Clock Drawing: “Next, I want you to draw a clock for me. First put in all of the numbers where they go” When that is completed, say: “Now, set the hands to 10 past 11”

# [use preprinted circle for this exercise. Repeat instructions as needed. Move on to step 3 if not complete within 3 minutes]

# Word Recall: Ask the person to recall the three words you stated in step 1. Say: “What were the three words I asked you to remember?” Record the client’s answers on the sheet provided

#  C. Family Questionnaire

# If a family member or friend is present for interview, please ask these questions with client’s permission:

# In your opinion does\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have problems with any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not at all | Sometimes | Frequently |
| 1. Repeating or asking the same thing over and over?  |  |  |  |
| 2. Remembering appointments, family occasions, holidays?  |  |  |  |
| 3. Writing checks, paying bills, balancing the checkbook?  |  |  |  |
| 4. Deciding what groceries or clothes to buy?  |  |  |  |
| 5. Taking medications according to instructions? |  |  |  |

# 3. Falls Screening:

#  A. Functional Status:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Independent/Confident | With Assist | NEEDS MORE HELP  |  | Independent/Confident | With Assist | NEEDS MORE HELP |
| Bathing | 🞏 | 🞏 | 🞏 | Telephone | 🞏 | 🞏 | 🞏 |
| Dressing | 🞏 | 🞏 | 🞏 | Travel  | 🞏 | 🞏 | 🞏 |
| Toileting | 🞏 | 🞏 | 🞏 | Shopping | 🞏 | 🞏 | 🞏 |
| Transfer | 🞏 | 🞏 | 🞏 | Food Preparation | 🞏 | 🞏 | 🞏 |
| Walking | 🞏 | 🞏 | 🞏 | Housework | 🞏 | 🞏 | 🞏 |
| Feeding | 🞏 | 🞏 | 🞏 | Meds | 🞏 | 🞏 | 🞏 |
|  |  |  |  | Finances | 🞏 | 🞏 | 🞏 |

|  |  |  |
| --- | --- | --- |
| **B. For a-c start: “In the past 12 months, have you…”****Have you . . .** (read a through d) **. . .** | **YES** | **NO** |
| a) Fallen 2 or more times?🞏 | 🞏\* |  🞏 (Falls) |
| b) Fallen and hurt yourself or needed to see a doctor because of the fall? | 🞏\* | 🞏 (Falls) |
|  c) Had a problem with urinary incontinence (or your bladder) that is bothersome enough that you would like to know more about how it could be treated? | 🞏\* | 🞏 (UI) |
|  d) Do you feel confident in following the instructions on the label of a medication bottle? | 🞏\* | 🞏 (Med) |
|  e) How good is your eyesight for seeing things at a distance, like recognizing a friend from across the street  (wearing lenses or glasses if you usually wear them)?”   🞏 excellent 🞏 good 🞏 fair 🞏 poor 🞏 very poor |

 \*If any answers are yes, indicate a positive screen for falls, UI or medication in the box at the top of the page.

**4.** **Advanced Care Planning:**

Introduce idea on Advanced Care Planning (points to consider in bullets)

• everyone passes away eventually, it is difficult for many of us to discuss the end of life or serious illness.

• the best time to start thinking about and discussing your wishes with your family and doctor is when you are still strong and able minded, so that we can all do our best to help you when you are sick or when you are nearing the end of life

 • A good place to start is thinking about where you would like to be and who you might want with you.

Please consider the following questions (you do not have to answer them now:

1. Who do you want to be involved in your medical care? Who would you like to make decisions for you if you are not able?
2. Have you discussed with your doctor what kind of medical treatment you want or don't want to receive?  Or would you rather have your doctors do what they think is best?
3. Have you ever discussed with your family/friends what might be important to you at the last phase of life?

1. Have you already completed an Advanced Directive? 🞏 YES 🞏 NO
2. Have you completed a POLST (Provider orders for Life Sustaining Treatment)? 🞏 YES 🞏 NO
3. Are you interested in setting up an appointment with PCP to discuss your wishes? 🞏 YES 🞏 NO

SCORING PAGE for MINI COG

|  |  |
| --- | --- |
| Word Recall: \_\_\_\_\_\_\_(0-3 points) | 1 point for each word spontaneously recalled without cueing |
| Clock Drawing: \_\_\_\_\_\_\_(0 or 2 pts) | Normal Clock=2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g. 12,3,6,9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10) Hand length is not scored. Inability or refusal to draw a clock=0 |
| Total Score: \_\_\_\_\_\_\_(0-5 points) | Total score = Word recall+ Clock Draw ScoreA cut point of <3 on the mini-cog has been validated for dementia screen but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status. |

Three Word Recall:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoring: