

ONE PAGE SIMPLE GERIATRIC SCREEN

DATE _____

Patient Name _____

Source: Pt _____ **Other** _____

| Assessment Procedure | Abnormal | Action | Result |
|---|--------------------------------------|---|-------------------------|
| 1. "Do you have difficulty with eyesight?" | Yes or No | | |
| 2. Jaeger Card or Snellen eye chart | Can't read 20/40 | Refer; Test each eye (with glasses) | |
| 3. Whisper short sentence @ 6-12 inches (Out of visual view) OR audioscopy | Unable to hear | Cerumen check Retest/refer/HHI | |
| 4. "Touch the back of your head with your hands" OR "Pick up the pencil." | Unable to do either | Further exam; Consider OT | |
| 5. "Rise from your chair (do not use arms to get up), walk 10 feet, turn, walk back to the chair and sit down." | Observed problem Or unable in <15 | Tinetti Further exam Home eval & PT | |
| 6. "Have you had any falls in the last year?" | Yes | Tinetti Further exam Home eval & PT | |
| 7. "Do you have trouble with stairs, lighting, bathroom, or other home hazards?" | Yes to any | Further exam Home eval & PT | |
| 8. Weight/BMI or loss of 5% or more | BMI <21 or yes | Nutrition/eval | |
| 9. "Do you have a problem with urine leaks or accidents?" | Yes | Incontinence eval | |
| 10. "Over the past month, have you often been bothered by feeling sad, depressed or hopeless?" "During the past month, have you often been bothered by little interest or pleasure in doing things?" | Yes | GDS or other depression assessment | |
| 11. Name three objects/re-ask in 5 minutes. | Unable | Folstein or other assessment | |
| 12. Do you have any problems with any of the following areas? | Yes/No | Who assists? | Do you use Any devices? |
| a. Doing strenuous activities like fast walking bicycling? | | | |
| b. Cooking? | | | |
| c. Shopping? | | | |
| d. Doing heavy housework like washing windows? | | | |
| e. Doing laundry? | | | |
| f. Getting to a place beyond walking distance by driving or taking a bus? | | | |
| g. Managing finances? | | | |
| h. Getting out of bed/transferring? | | | |
| i. Dressing? | | | |
| j. Toileting? | | | |
| k. Eating? | | | |
| l. Walking? | | | |
| m. Bathing (sponge bath, tub, or shower)? | | | |

(For "yes" answers, consider causes, referral to social services and/or home eval/PT)

Other areas of concern: medication adherence and/or side effects, caregiver stress, elder abuse, pain, sexuality, alcohol, advance directives and health care wishes.

Adapted from Lachs et al. (1990) and Moore & Siu (1996)