

CLINCARE 2002**D:New** CLN-CR-NMAP REV7 5.05.02

Columbia University Stroud Center

(Revised 5.07.02)

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CLINCARE INSTRUCTIONS

Ratings should be made on the basis of all the information available during the course of the interview. Thus, it is permissible to change a rating made earlier in the interview, or on the basis of volunteered and elicited informations. Where an elicited reply is obviously not clear, it is permissible to ask clarifying questions. Avoid seeking new information outside of stipulated probes, unless there is an unusual and obvious gap or inconsistency in information. Certain ratings are based on the patient's own view and are rated on the basis of verbatim replies, without further probing. These questions are indicated by the presence of an (S) next to the scoring choices.

All other information can be gathered from, or clarified by, an informant and should be, if Glb. Evidence of general cognitive impairment is rated "Y", or, if there is other reason to regard the informant as being a more reliable source of information for all or some items. The rater must judge the most reliable source of information.

Unless otherwise specified, all items refer to the past month. It is recognized that some of the questions have a meaning which varies according to a time context (e.g. seasonally) and should be scored according to the relevant time context.

"He" means "He" or "She" "Other", if used, should be described in writing.

Score item responses by circling or checking the appropriate response category.

"0" refers to lack of agreement with the clarifying statement.

"Y" refers to agreement with the clarifying statement.

"-" refers to missing data due to patient not knowing how to reply or refusing to reply.

"NA" refers to situations where the question does not warrant a reply, is non-applicable. This category is only present with contingency questions and should only be selected when the answer to the header question that precedes it is "Y".

"0---100", Wherever this rating is called for, any number from 0 to 100 should be entered, depending on the rater's overall impression of the severity of the problems in that particular topic area. In most topic areas, the rating "0" indicates no problem of any degree of severity that can be discerned, and "100" indicates the greatest degree of severity that can be imagined.

Note, however, that in the topic areas where Positive Qualities are assessed, "0" refers to a complete lack of positive qualities, and "100" refers to the most positive qualities that can be imagined. Intermediate ratings are made in relation to the extreme anchoring points.

In the Self Perceived Health section, the patient is asked to rate his health based on the past month, using the "0" to "100" scale. Here the "0" indicates that his health is as good as it can be, and "100" indicates his having a health problem as severe as can be imagined. The rater enters the number the patient gives. For raters assisted by visual references, this scale is provided.

0 10 20 30 40 50 60 70 80 90 100

Action. Rater underlines phrases that apply and then circles the "Y" in the response categories. Where a referral option is not available, mark "N".

TOPIC AREAS:

Intellectual Impairment. The term "Incorrect" means obviously incorrect or known to be incorrect. The cut score is 3, and * responses indicate problems. Once more than 2 *s are scored, the remaining information should be obtained from an informant.

Hearing. Questions refer to patient's hearing with a hearing aid, if the patient usually wears one. Assess the observation item with the patient wearing a hearing aid if he spontaneously wears it during the interview.

Vision. Questions refer to the patient's vision with eye glasses if usually worn. The second, third and fourth questions in this topic area can be rated on the basis of information from previous sections, if available. If patient customarily wears glasses, then emphasize that questions on vision refer to "with your glasses on".

Disturbing Behavior. Symptoms on this page are only recorded if they are reported or observed. No probes.

Communication. Questions are rated based on the patient's performance during the interview. Communication should be judged in the patient's own language.

Involvement in Decisions. "Treatment", refers to the use of medications, diet, dressings, etc.

Positive Qualities. Fill in the "0--100" ratings on this page from observation and information reported by the patient and/or informant during the preceding segments. No probes.

Caretaker's Burden. This section is intended to be filled out from the patient's viewpoint (the patient as caretaker).

Throughout interview:

0=YES 1=NO

7777=No response/not interpretable Does not include refusals or items not asked or skipped

1: GENERAL HEALTH:

Have you had any kind of a problem
with your health over the past month?

Reports a health problem
0 1 7777 [N]

Any difficulty in doing things for yourself?

Reports a difficulty
0 1 7777 [N]

Have you seen a doctor in the past year?

Has visited a doctor

What about in the past month? _____

0 1 7777 [N]

IF YES: What was that for? What did he say about it?

What treatment did you get? Is it better now?

Not recovered
0 1 7777 [N]

Compared with persons your age, how
would you rate your health at the present
time - excellent, good, fair, or poor?

Excellent =1 Good=2 Fair+3 Poor=4
1 2 3 4 7777 [N]

Compared with your health six months ago,
how is your health now? in his own health
Better, about the same, or worse?

RATE ONLY SUBJECT'S OPINION
Better = 1, Same = 2 Worse = 3
1 2 3 7777 [N]

Have you had any kind of a problem with your
health over the past month? Any difficulty
in doing things for yourself?

Reports health problem or difficulty
0 1 7777 [N]

Do your health problems get in the way of your
doing the things you want to do?

IF YES: A little or a great deal?

RATE ONLY SUBJECT'S OPINION
Health troubles interfere
Not at all = 1 A little = 2 A great deal =3
1 2 3 7777 [N]
[236a]

IF ANY DIFFICULTIES/ PROBLEMS/ FAIR OR POOR HEALTH:

Can you tell me more about that?

RECORD BRIEF NARRATIVE IN RESPONDENT'S WORDS:

HIGH RISK PATIENT

Glb: Patient getting worse despite being in treatment.

0 1 7777 (237)

Glb: 0 - 100 initial rating of severity of problems/difficulties/illness _____ 7777
0=BEST 100=WORST

(238)

ACTION

Refer to own physician - with findings,
- with advice, - other.

0 1 7777 (240)

30. ACTIVITIES OF DAILY LIVING

Now I am going to ask you some questions about how you get around, both indoors and outdoors.
I am interested in the past month.

MOBILITY

Do you get in and out of bed and in and out of a chair by yourself?
Without a device (a trapeze, a sliding board, a grab bar,
or some other device) or another person to help you?

Helped or uses device
0 1 7777 [N]

IF NO: What device or help do you get?

Only a device=1 Helped=0
Neither=7777
0 1 7777 [N] [177]

Do you remain in bed or chair almost all of the day?

Mostly in bed or chair
0 1 7777 [N]

Do you sometimes use a wheelchair to get around
IF YES, Does someone have to push it?

Uses wheelchair=1
0 1 7777 [N]

Someone pushes=1
0 1 7777 [N]

Do you have any difficulty getting to a standing position
or starting to get up

Difficulty standing up
0 1 7777 [N] [336]

Do you have any difficulty walking indoors?

Difficulty indoors=1
0 1 7777 [N]

Do you have to have someone help you to walk indoors?

Helped indoors=1
0 1 7777 [N]

Do you have any difficulty walking outdoors?

Difficulty outdoors=1
0 1 7777 [N]

Do you have to have someone help you to walk outdoors?

Helped outdoors=1
0 1 7777 [N]

How many days have you gone out of the house
since last (current day of week)? (With or without
wheelchair/assistance)

____ Days 7777 [N]

Do you *usually* use a cane or a walker to help you walk?
(Either indoors or outdoors?)

Uses a cane or walker=1
0 1 7777 [N]

Can you climb more than 3 flights of stairs without resting? IF NO: How many flights can you climb without resting?	3+=3 2=2 1=1 <1=0 3 2 1 0 7777	[N]	[194]
Can you get on and off a bus or train by yourself? (Includes any kind of bus, train, subway)	Cannot get off unassisted=1 0 1 7777	[N]	[195]
Can you open heavy doors, like shop doors or revolving doors, by yourself?	Cannot open unassisted=1 0 1 7777	[N]	[196]
Can you carry heavy packages	Cannot carry heavy packages=1 0 1 7777	[N]	
Do you have difficulty crossing roads or intersections by yourself?	0 1 7777	[N]	[200]
Can you walk more than 5 blocks without resting? (IF NECESSARY: I mean street blocks) IF YES: More than 10 blocks (ie. 11 blocks or more)? IF NO: How many blocks?	11+=7 6-10=6 5=5 4=4 3=3 2=2 1=1 <1=0 7 6 5 4 3 2 1 0 7777	[N]	[201]
In the past month, have you been outside the neighborhood	Not outside neighborhood=1 0 1 7777	[N] [200]	
<u>IF TRAVELED OUTSIDE NEIGHBORHOOD:</u> How did you do it?	Adapted vehicle/ambulette=1 0 1 7777	[N]	
Did anyone assist you? In what way?	Hands on assistance=1 0 1 7777	[N]	
Do you have any trouble with your feet? (Any pain or discomfort from ingrown toenails, calluses, or bunions?)	Trouble with feet=1 0 1 7777	[N] [205]	
Do you have any difficulty cutting your toenails by yourself?	Difficulty=1 0 1 7777	[N] [206]	
<i>FALLS:</i> Is your balance poor?	Claims balance is poor 0 1 7777	[N] [196]	
Do you sometimes trip and fall?	Sometimes falls 0 1 7777	[N] [197]	
How many times have you fallen in the past year?	Times fallen		

(For any reason)(Whether or not you were hurt)

_____ times 7777

[N]
[198]

Have you changed the way you do things
OR stopped doing certain activities

Changed activity=1
0 1 7777

[N]
[199]

because of worrying about falling again
(For example getting a night light, grab bars, cane).

Stopped activity=1
0 1 7777

[N]
[199]

DRESSING

Do you have any problems or difficulties in
getting dressed or putting on outdoor clothing by yourself?

Problems or difficulty=1
0 1 7777 [N]
[270]

What about problems or difficulties
combing or brushing your hair by yourself?

Problems or difficulty=1
0 1 7777 [N]
[271]

IF FEMALE

What about using cosmetics by yourself?

Problems or difficulty=1
0 1 7777 [N]
[272]

IF MALE:

What about shaving by yourself?

Problems or difficulty=1
0 1 7777 [N]
[273]

IF PROBLEMS OR DIFFICULTIES IN DRESSING OR GROOMING

Does anyone help you?
IF YES: What do they do? What part of it can you do yourself?

Some assistance, some by self=1
None or almost none by self=2
0 1 7777 [N]
[274]

EXCRETORY

Do you have any problems or difficulties
getting to or using the toilet by yourself?

Problem or difficulty=1
0 1 7777 [N]
255a]

Does someone help you in getting to or
using the toilet?

Gets help=1
0 1 7777 [N]
[256]

Have you wet yourself or lost control of your bladder?

Wets or loses control=1
0 1 7777 [N]
[260]

What about when you cough or exert yourself?

Exertion incontinence=1
0 1 7777 [N]
[261]

Have you lost control of your bowels?(had accidents?)

Lost control=1
0 1 7777 [N]
[262]

CHORES

Do you have any problems or difficulties in
doing the laundry?

Problem or difficulty=1
0 1 7777 [N]

[280]

Do you have any difficulty doing light chores such as washing dishes, cleaning the stove top and kitchen counter, and taking out the garbage by yourself?

Problem or difficulty=1
0 1 7777 [N]
[263]

Which of these chores do you do by yourself?
I mean without any help from anyone else?
(If helped: What help do you get? What do they do?)
(If does no chores by self: Do you help with any of these chores?)

Almost all by self=0
Some by self, some by others=1
Almost none by self=2
0 1 2 7777 [N]
[264]

Do you have any difficulty doing heavy chores such as sweeping or vacuuming floors and rugs, cleaning the toilet and bathtub, changing the sheets (bed linen), moving furniture, washing the walls?

Problem or difficulty=1
0 1 7777 [N]
[265]

Which of these heavy chores do you do by yourself?
Is that without any help from anyone else?
(What kind of chores do you get help with?
Do you help with any of these chores?)

Almost all by self=0
Some by self, some by others=1
Almost none by self=2
0 1 2 7777 [N]

INSTRUMENTAL

Do you have any difficulty or problems cooking or preparing meals by yourself?

Difficulty or problems=1
0 1 7777 [N]

In the past month, how much of the cooking and preparation of meals did you do yourself?
(PROBE: Is that without any help from anyone else?)
(IF HELPED: What help do you get? What do they do?)
[79]
(IF DOES NOTHING BY SELF: Do you help with anything?)

Almost all by self=0
Some by self, some by others=1
Almost none by self=2
0 1 2 7777 [N]

IF DOES NOT COOK

Could you manage the cooking and preparation entirely by yourself if you had to?

Definitely or probably could=0
Definitely or probably could not=1
0 1 7777 [N]
[80]

Do you have any difficulty or problems doing your shopping by yourself?

Difficulty or problems=1
0 1 7777 [N][81]

Do you do all or almost all of your own shopping without any help from anyone else?

Almost all by self=0
Some by self, some by others=1

IF HELPED: What help do you get? What do they do?

Do you go to the store with them?)

[82]

HELP INCLUDES SHOPPING BY TELEPHONE,

WITH HEAVY PACKAGES, OR BY SPECIAL TRANSPORTATION

Almost none by self=2

0 1 2 7777

[N]

IF DOES NOT SHOP

Could you manage all your shopping entirely

by yourself if you had to?

Definitely or probably could=0

Definitely or probably could not=

0 1 7777

[N]

[83]

ATTRIBUTIONS, PROGRESS AND EFFECTS
IF ANY ACTIVITIES OR TASKS ARE DIFFICULT,
PROBLEMATIC, LIMITED OR REQUIRE ASSISTANCE:

What is the difficulty, limitation or inability due to?

(RATE CUMULATIVELY ACROSS ALL EXAMPLES)

	NO	YES		
General weakness?	0	1	7777	[N] [188a]
Paralysis?	0	1	7777	[N] [188b]
Poor balance?	0	1	7777	[N] [188c]
Breathlessness?	0	1	7777	[N] [188d]
Pain in chest?	0	1	7777	[N] [188e]
Pain in legs or feet?	0	1	7777	[N] [188f]
Stiffness or stooping?	0	1	7777	[N] [188g]
Other physical causes?	0	1	7777	[N] [188h]
Other non physical causes?	0	1	7777	[N] [188i]

Overall, is this difficulty, problem
or limitation getting
better, worse, or remaining the same?

Getting better=0 Same=1 Worse=2
0 1 2 7777 [N] [249]

As a result of difficulties with any of these chores
or tasks get left undone? Which?

Chores or tasks left undone=1
0 1 7777 [N] [267]

COGNITIVELY CONTROLLED FUNCTIONS

How about any difficulty with your memory?
Have you had any problems or difficulty with
your memory?

Difficulty with memory=1
0 1 7777 [N]

Do you have difficulty in remembering things
you have just read or heard? (What kind of
things do you forget?)

Difficulty remembering=1
0 1 7777 [N]

Do you have difficulty remembering the names
of people in your family or close friends?

Difficulty remembering=1
0 1 7777 [N] [93b]

DO NOT INCLUDE TRANSIENT MISTAKES.

Do you often have to stop in the middle of saying
something because you have difficulty or problems
remembering the right word?

Stops to remember=1
0 1 7777 [N] [93c]

OBSERVATION:

Keeps forgetting the proper word to use
conversation _____

Forgets words
0 1 7777 [N] (299c)

IF REPORTS MEMORY PROBLEM(S):

Do these problems/does this problem with your
memory make it difficult for you to do the things
you used to do?

Difficult to do things=1
0 1 7777 [N]

Do problems with your memory
make it difficult for you to:

	Is difficult=1			
To go outside by yourself?	0	1	7777	[N]
To shop?	0	1	7777	[N]
To get chores done around the house?	0	1	7777	[N]
To keep track of your personal business like paying bills, handling money, etc?	0	1	7777	[N]

[95]

Is it more difficult for you to remember things
than it used to be?

	More difficult=1		
	0	1	7777 [N]

What things does your health stop you from doing
as much as you would like?

What about.....

	Less than desired=1		
Leisure activities	0	1	7777
Chores (dusting, washing dishes)	0	1	7777
Holding a paying job	0	1	7777
Getting around the neighborhood	0	1	7777
Travel outside the neighborhood	0	1	7777
Social activities, (e.g. visiting, being visited)	0	1	7777
Spiritual activities (church, prayer groups)	0	1	7777
Any other way	0	1	7777

SPECIFY:

IF RECEIVES HELP:

What help do you get? Who is/are the helpers? What do they do?

How often do they do it? For how long? Where does your helper live?

Helper	Number	Days/Week	Hours/week	Live in
Spouse				
Child				
Other informal				
Other formal				

Spouse _____

Child _____

Other informal _____

Other formal _____

High Risk Patient

83.	Glb: Dependent on another for personal assistance	0	1	7777	[N]
84.	Glb: Tasks of self-care not getting done	0	1	7777	[N]
85.	Glb: 0-100 rating of severity			7777	[N]
	0=BEST 100=WORST				

Action:

87. Refer to own physician - with findings - for control of active illness or - medication side-effects o -with offer of referrals below - other
88. Refer to rehabilitation - for evaluation and regime of exercise physiotherapy or occupational therapy, supervised or unsupervised, for aids such as walker, rocker knives, etc.
89. Visit home - to consider equipping with ramps, rails, hoists, etc.
 - to evaluate support by, and support for, family caretakers
 - to evaluate need for and feasibility of formal assistance such as
 - home-maker, - nursing care, - laundry service, - transportation,
 - other.
90. Refer to Social work for review of financial assistance, entitlements, etc.

3: COGNITIVE STATUS:

Would you spell your last name for me? And your first name?	Spells either name incorrectly=1 0 1 7777 [N]
I'd like you to remember my name. My name is (FIRST NAME THEN LAST NAME) Can you repeat that please? (REPEAT THREE TIMES IF NECESSARY)	Cannot repeat rater's name 0 1 7777 [N]
How old are you? (IF GIVES YEAR OF BIRTH: So, how many years would that be?) [RECORD OF CORRECT AGE]	Age is incorrect=1 0 1 7777 [N]
In what year were you born? [RECORD OF CORRECT YEAR _____]	Year of birth is incorrect 0 1 7777 [N]
And the month? [RECORD OF CORRECT MONTH _____]	Month of birth is incorrect 0 1 7777 [N]
And the day? (What date of that month?) [RECORD OF CORRECT DATE _____]	Day of birth is incorrect 0 1 7777 [N]
IF BIRTH DATE AND AGE ARE DISCREPANT: That doesn't seem to come out right When I add it up. Can you help me?	Does not correct discrepancy=1 0 1 7777 [N]
INTERVIEWER RATING:	Either stated birth date or stated age or both are <u>obviously</u> wrong 0 1 7777 [N]
Did you ever learn to read and write?	Never learned to read or write=1 0 1 7777 [N]
What is the highest grade (or year) of regular school you have ever attended? (Did you finish that year of school?)	Highest grade or year completed _____ 7777 [N]
Never attended=0 Grade or year =1 2 3 4 5 6 7 8 9 10 11 12 College (academic year)=13 14 15 16 Post-college=17+	
What is your correct home address? [IF NECESSARY] What is your street address? What's the city? What's the state? And zip code? [IF NURSING HOME RESIDENT, ACCEPT ADDRESS OF NURSING HOME]	Street name or street number incorrect=1 0 1 7777 [N] City incorrect=1 0 1 7777 [N] State incorrect=1 0 1 7777 [N]

	Zip correct=1 0 1 7777	[N]
How long have you lived at this address? [IF GIVES DATE: How many years would that be?]	Respondent's answer _____ Years 7777	[N]
	Answer irrelevant=1 0 1 7777	[N]
What year did you move to this address?	_____ Year 7777	[N]
<u>CHECK CONSISTENCY OF ABOVE</u>	Answer not consistent=1 0 1 7777	[N]
Do you have a telephone?	Does not have telephone=1 0 1 7777	[N]
<u>IF YES:</u> What is your telephone number? (RESIDENTS OF NURSING HOME CAN GIVE NURSING HOME #).	Does not give correct number=1 0 1 7777	[N]
Did you use the phone in the past month?	Did not use phone by self=1 0 1 7777	[N]
<u>IF YES:</u> Did you dial the number by yourself, or does someone help you?	Did not dial by self=1 0 1 7777	[N]
What floor of the building are we on?	States incorrect floor=1 0 1 7777	[N]
What month is it?	Does not state the correct month or states doesn't know (allow three days leeway at turn of month) 0 1 7777	[N]
What year is it?	Does not state correct year or does not know 0 1 7777	[N]
Do you remember my name? What is it?	Does not remember even gross approximation to rater's name 0 1 7777	[N]
<u>IF DOES NOT RECALL NAME:</u> My name is _____. Could you repeat that please. I'll ask you my name again soon.		
Please place your hands on your knees. Please touch: (READ EACH ITEM) Your <u>right</u> ear with your <u>right</u> hand=1 error		[211]

Your right ear with your left hand =1 error
 Your left ear with your right hand =1 error

Number of errors

0 1 2 7777 [N] [211a]

Hesitant or requires two or more attempts

0 1 7777 [N]

IF DID NOT RECALL NAME IN PRIOR ATTEMPT

Do you recall my name?

Does not remember even gross approximation to rater's name=1

0 1 7777 [N]

High Risk Patient

Glb: Evidence of general cognitive impairment

0 1 7777 [N]

Glb: 0 - 100 rating of severity

_____ 7777 [N]

0=BEST 100=WORST

ACTION

Referral - For possible dementia, - For definite dementia.

Refer to own physician - with findings, - with advice - with offer of ongoing consultation, - with offer of referrals below, - other.

Refer to evaluation or treatment by psychiatrist/neurologist - on site, - outpatient service, - inpatient service, - other.

Refer to social work - on site, - community agency, - other site - for counselling, groups, - for counselling and support of social network, - for home-care, - for improvement in living arrangements, - for respite care, - for advice on nursing home placement, - for information gathering in home, - other.

Refer to day-care - for attention to physical and activity factors - for respite, - other.

Other Referral

Recommendations for 'dementia work up': - Full neuropsychiatric clinical examination, (full medical clinical examination is assumed), - laboratory blood analysis, - neuropsychological test battery, - EEG - brain imaging, - history from an informant, - home visit, - medication review, - repeated observations and follow-up, - other.

Recommendations for treatment - Regard as in danger or family under critical pressure and treat as an urgent case, - Evaluate further (investigation, follow-up observation), - Treat dementia or its symptoms with - specific medications (e.g. cholinergics), - non-specific medications for disturbing behaviors, - groups, cognitive retraining, etc., - admission to inpatient unit, - admission to a long term care facility, - strengthening social support, - improving physical, (medical) condition, - altering anti- cholinergic medications, - increasing activities, - improving living arrangements, - other

4: DEPRESSED MOOD

Taking everything into consideration, how would you describe your satisfaction with life in general at the present time – good, fair, or poor?

Good=0 Fair=1 Poor=2
0 1 2 7777 [N]

In general, how happy are you—very happy, fairly happy, not very happy, or not happy at all?

Very happy=0 Fairly happy=1
Not very happy=2 Not happy at all=3
0 1 2 3 7777 [N]

Do you have any regrets about your life?
Do you blame yourself for anything?
(PROBE: What? In the past month, has this been on your mind a lot?)

Mentions regrets =1
0 1 7777 [N]

Obvious, unjustifiable self-blame=1
0 1 7777 [N]

Unrealistic self-depreciation=1
0 1 7777 [N]

IF MENTIONS WORRIES:

What kinds of things do you worry about?

Mentions some worries=1
0 1 7777 [N]

Do you worry about almost everything?

Worries about almost everything=1
0 1 7777 [N]

Can you stop yourself from worrying when you want to?

Not able to stop worrying=1
0 1 7777 [N]

Have you been sad or depressed

Sad and/or depressed=1
0 1 7777 [N]

IF YES:

How long does the *sadness/depression* last?
Just a few hours at a time or longer that?

Less than a few hours=0
Just a few hours=1 Longer than a few hours=2
0 1 2 7777 [N]

Has it been present for most of the day, every day? (PAUSE) For 2 weeks or more

Most of the day=1
0 1 7777 [N]

For at least two weeks in the past month?

At least two weeks=1
0 1 2 7777 [N]

What time of the day do you feel the worst?
Is it toward the beginning of the day or toward the end of the day? All day long?

Toward the beginning of the day=1
All day long=2
0 1 2 7777 [N]

During the past month, have you felt that life was <u>not</u> worth living?	1 = Life not worth living		
Have you cried at all in the past month?	0 1	7777	[N]
	Cried in the past month=1		
	0 1	7777	[N]
<u>IF NO:</u>			
Have you ever felt like crying in the past month even though you did not?	Felt like crying=1		
	0 1	7777	[N]
How do you feel about your future?	Pessimistic or has empty expectations=1		
What are your hopes for the future? (Do you feel that there is anything to look forward to?)	0 1	7777	[N]
	Future looks bleak and unbearable		
	0 1	7777	[N]
In the past month, have you at any time felt like you'd rather be dead or felt like you wanted to end it all?	Rather be dead or end it all=1		
	0 1	7777	[N]
<u>IF YES:</u>			
Did you think of doing anything harmful to yourself (in the past month)? How often do you think about it? What did you plan to do?	Wished to be dead but rejects suicide =1		
Did you actually try anything? What did you do?	0 1	7777	[N]
	Fleeting suicidal thoughts=1		
	0 1	7777	[N]
	Seriously considered a method but has not attempted it=1		
	0 1	7777	[N]
	46d. Has attempted suicide=1		
	0 1	7777	[N]
Has there been a time when you have been seriously depressed other than the past month?	Seriously depressed mood other than in the past month = 1		
	0 1	7777	[N]
Do you enjoy things or have the same level of interest in things now as much as it used to be (say a few years ago)?	Less enjoyment or interest=1		
	0 1	7777	[N]
What have you enjoyed doing in the past month?	Nothing or almost nothing enjoyed=1		
	0 1	7777	[N]
When did you last feel happy?	No mention of happiness in past month=1		
Have you felt happy in the past month?	0 1	7777	[N]

Have you had trouble sleeping over the past month?	0	1	Trouble sleeping=1	7777	[N]
--	---	---	--------------------	------	-----

IF YES:

What goes through your mind while you are lying awake?	Lies awake with depressed or anxious feelings or thoughts=1	0	1	7777	[N]
--	---	---	---	------	-----

HIGH RISK PATIENT

Glb: Complains of persistent depression or worry	0	1		7777	[N]
Glb: Actively suicidal (impulses, actions)	0	1		7777	[N]
Glb: 0 - 100 ratings of severity	<u> </u>			7777	[N]

0=BEST 100=WORST

ACTION:

<u>Refer to own physician</u> - with findings, - with advice, - with offer of ongoing psychiatric consultation, - with offer of referrals below - other.	0	1		7777	[N]
--	---	---	--	------	-----

<u>Refer to treatment by psychiatrist</u> - on site, - psychiatry outpatient service, - psychiatry inpatient service, - other.	0	1		7777	[N]
--	---	---	--	------	-----

<u>Refer to social work</u> - on site, - community agency, - for counseling, groups, - for strengthening of social network, - for improvement in living arrangements, - for information gathering in home, - other.	0	1		7777	[N]
---	---	---	--	------	-----

<u>Refer to nursing, rehabilitation, or occupational therapy</u> - for attention to physical and activity factors underlying depression, - other.	0	1		7777	[N]
---	---	---	--	------	-----

<u>Recommended approach to treatment:</u> Regard as in danger and treat as an urgent case	0	1		7777	[N]
---	---	---	--	------	-----

<u>Evaluate further</u> (investigation, follow-up observation)	0	1		7777	[N]
--	---	---	--	------	-----

<u>Treat depression directly</u> - with psychotropics - EST, - psychotherapy, cognitive therapy, etc., - admission to inpatients - other.	0	1		7777	[N]
---	---	---	--	------	-----

<u>Treat depression indirectly</u> - with strengthening social support, - increasing duration, frequency of visits, - improving physical (medical) condition, - depression altering medications, - increasing social activities, - improving living arrangements, - other_____	0	1		7777	[N]
--	---	---	--	------	-----

5: FEARS

Do you get frightened or very anxious?	Admits to fear or anxiety=1 0 1 7777 [N](331a)
<u>IF YES:</u> Has that happened lately? What made you feel that way? Would that make most people that way? Would that make most people feel frightened?	Fear or anxiety which by the subject's own account is out of proportion to the event, if any, that provoked the feeling=1 0 1 7777 [N] (331)
Do you tend to get very nervous or afraid of going out?	Fearful of <u>or</u> avoids going out = 1 0 1 7777 [N]
<u>IF YES:</u> Do you try to avoid going out for that reason?	Avoids going out=1 0 1 7777 [N] (332)
When you feel this way do you find yourself sweating, trembling, or feel your heartbeat strongly?	Sweating, trembling, palpitations = 1 0 1 7777 [N] (334)
Do you often feel afraid of crime in your neighborhood?	Often afraid of crime = 1 0 1 7777 [N]
HIGH RISK PATIENT Glb: Fear drastically restricts life	Fear restricts=1 0 1 7777 [N] (335)
Glb: Relatively groundless fear is accompanied by trembling, sweating, etc	Trembles with fear=1 0 1 7777 [N] (336)
Glb: 0 - 100 rating of severity 0=BEST 100=WORST	____ 7777 [N] (337)
ACTION Refer to own physician, - with findings, - with advice, with offers of referrals below,-other	0 1 7777 [N] (339)
<u>Refer to psychiatry</u> - for evaluation and treatment of groundless fears	0 1 7777 [N] (340)
<u>Refer to social work</u> - for evaluation and treatment of environmental threats	0 1 7777 [N] (341)

6: CHRONIC PAIN

Do you frequently get aches and pains?
IF YES: Please show me where you get it?

Frequent aches and pains = 1
 0 1 2 7777 [N] (305a)

Vague, poorly localized pains=1
 0 1 2 7777 [N] (305)

Pain in specific part(s) of the body = 1
 0 1 2 7777 [N]

Do you often have to take medication to relieve pain?

Often takes medication for pain = 1
 0 1 2 7777 [N]

IF YES: How many days a week?

Takes medication to relieve pain
 four or more days a week = 1
 0 1 2 7777 [N] (307)

Do you think about the pain a lot?

Thinks about pain a lot=1
 0 1 2 7777 [N]

IF YES: Does that pain interfere with your
 concentrating on other things?

Distracted or preoccupied by pain(s)= 1
 0 1 2 7777 [N] (308)

Does pain stop you doing your ordinary
 activities?

Stops activities=1
 0 1 2 7777 [N] (309)

High Risk Patient

Glb: Pain is a constant and/or dominant feature of life

Pain dominant=1
 0 1 2 7777 [N] (310)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

_____ 7777 [N] (311)

Action:

Refer to own physician. - with findings, - with advice
 with offer of referrals below, - other

.0 1 2 7777 [N] (313)

Refer to chronic pain clinic.

0 1 2 7777 [N] (314)

7: EFFORT TOLERANCE

Do you become short of breath when you are doing ordinary physical activity such as walking on level ground or doing your usual housework?

Breathless on ordinary exertion
0 1 2 7777 [N](315a)

IF YES: Do you have to stop and rest?

Ordinary physical activity results in breathlessness which stops the activity
0 1 2 7777 [N] (315)

Does the breathlessness go away when you rest?

Breathlessness is also present at rest
0 1 2 7777 [N] (316)

Is there any other symptom which brings you to a stop when you try to do ordinary physical activity?

Other symptoms increase with ordinary physical activity and stop it
0 1 2 7777 [N]

Do you find a lack of energy causes you to sit or

Sits or lies down a lot because of lack of energy
0 1 2 7777 [N] (318)

HIGH RISK PATIENT

Glb: Effort intolerance is a constant and dominant feature of life

Effort intolerance dominant
0 1 7777 [N] (319)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

----- 7777 [N] (320)

ACTION:

Refer to own physician, - with findings,
- with advice, - other

0 1 7777 [N] (322)

8: HEARING

[THE FOLLOWING ITEMS ARE ASKED OR OBSERVED WITH THE SUBJECT USING A HEARING AID, IF THAT IS CUSTOMARY FOR THE SUBJECT]

Do you wear a hearing aid?	Wears a hearing aid=1 0 1 7777	[N] (260a)
Can you hear well enough to understand people people when they talk to you?	Cannot understand others=1 0 1 7777	[N] (260)
Do you have to ask people to repeat things or raise their voices?	Difficulty in hearing conversation=1 0 1 7777	[N] (261)
Can you follow the conversation when you are with several people?	Difficulty in hearing group conversation=1 0 1 7777	[N] (2 62)
When you buy something in the store, can you easily understand the clerk?	Difficulty in hearing shopping transactions=1 0 1 7777	[N] (2 63)
Can you hear and understand people over the telephone?	Difficulty hearing people over the telephone=1 0 1 7777	[N] (2 64)
Do you have difficulty in hearing the radio/TV at medium volume?	Difficulty hearing radio/tv=1 0 1 7777	[N] (2 64 b)
<u>OBSERVATION:</u> Respondent has some difficulty in hearing interview in normal conversational tone (at 3-5 feet).	Difficulty hearing interviewer=1 0 1 7777	[N] (2 64 b)

OBSERVATION:
Interviewer is only heard if he shouts.

Interviewer must shout=1

HIGH RISK PATIENT

Glb: Hearing is impaired and an impediment

0 1 7777

[N] (265)

Hearing handicap

0 1 7777

[N] (266)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

-----, 7777

[N] (267)

ACTION:

Refer to own physician, - with findings,
- with advice, with other referrals below, other

0 1 7777

[N] (269)

Refer to audiology, - for testing, for diagnosis,
hearing aid, other

0 1 7777

[N] (270)

9: VISION

Do you wear glasses?

Wears glasses=1

0 1 7777

[N]

(2
71
a)

Do you have problems seeing (with or without glasses)

Difficulty seeing, even with glasses on if
customarily worn=1

0 1 7777

[N]

(2
71
)

IF TROUBLE SEEING, EVEN WITH GLASSES OR MAGNIFYING GLASS, OR IN SITUATIONS
WHERE GLASSES ARE UNWEARABLE (i e, IN BATH) ASK FOLLOWING:

In what situations does it bother you most?

Complains that the trouble with vision
(despite customary use of
eyeglasses/magnifying glass, if any)
bothers him or stops him from doing things
he would like to do=1.

0 1 7777

[N]

(2
72
)

THE FOLLOWING SHOULD REFER TO THE SUBJECT'S VISION: [WITH EYEGLASSES (AND
MAGNIFYING GLASS) IF CUSTOMARILY USED]. ASK OF ALL SUBJECTS. PROBE ACCORDINGLY.

Can you see small objects (e.g. buttons)?

Cannot see small objects=1

0 1 7777

[N]

(2
73
a)

Can you read signs with large letters?

Cannot read signs with large letters=1

0 1 7777

[N]

(2
73
b)

IF NO: What can you read?
(PROBE FOR ILLITERACY)

Subject cannot read written words=1

0 1 7777

[N]

(2
73
c)

Can you see well enough to read newspapers or letters?

Cannot read [ordinary] regular print=1

0 1 7777

[N]

(2
73)

Can you see to read the telephone directory?	Cannot read the telephone directory=1 0 1 7777 [N]	(274)
Can you see street names or bus numbers or “Walk” (traffic) signs, traffic, or cars on the road?	Cannot see public signs or traffic=1 0 1 7777 [N]	(275)
Can you watch TV, or use playing cards, or do needlework?	Leisure activities curtailed by sight=1 0 1 7777 [N]	(276)
Can you see well enough to read labels or prices in shops?	Shopping difficulty because of sight=1 0 1 7777 [N]	(277)
Can you read labels on medicine bottles?	Treatment problem because of sight=1 0 1 7777 [N]	(278)
Can you see steps or things you might trip over? (Ask even if chairbound or housebound)	Danger of tripping because of sight=1 0 1 7777 [N]	(279)
Can you see well enough to do housework? (Ask even if chairbound or housebound)	Housework restricted because of sight=1 0 1 7777 [N]	(280)
Do you have particular difficulty in seeing in poor (dim) light, for example, at night?	Has difficulty seeing at night=1 0 1 7777 [N]	(281)
HIGH RISK PATIENT Glb: Vision is impaired and an impediment	Vision handicap=1 0 1 7777 [N]	(2

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

___ 7777

[N]

82
)
(2
83
)

ACTION:

Refer to own physician, - with findings, with advice,
with offer of referrals below, other.

0 1 7777

[N]

(2
85
)

Refer to ophthalmology, - for testing, - for diagnosis,
for glasses, - other.

0 1 7777

[N]

(286)

10: ORAL CAVITY

Have you seen a dentist within the last year?

Has not seen a dentist within the past year=1

0 1 7777 [N] (2
50
)

Do you have any sores in your mouth or on
your tongue? How long have they been there?

Sore(s) continuously present over a month=1

0 1 7777 [N] (2
51
)

Do you have difficulty chewing?

Difficulty chewing=1

0 1 7777 [N] (2
52
)

Do your gums bleed?

Gums bleed=1

0 1 7777 [N] (2
53
)

Do you wear dentures?

Wears dentures=1

0 1 7777 [N] (2
54
a)

IF YES: Do they fit well?

Dentures do not fit=1

0 1 7777 [N] (2
54
)

HIGH RISK PATIENT

Glb: Has untreated and persistent oral problems

Oral problem=1

0 1 7777 [N] (2
55
)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

___ 7777 [N] (2
56
)

ACTION:

Refer to own physician - with findings, with advice,
with offer of referrals below, other

0 1 7777 [N] (2

Refer to dentistry for evaluation and treatment

0 1 7777

[N]

11: CARDIAC SYMPTOMS

Have you ever had heart trouble or high blood pressure?

ACCEPT SUBJECT'S DEFINITION

Admits to having had heart trouble or high blood

pressure at any time in life=1

0 1 7777 [N] (2
87
)

Was your illness diagnosed by a physician?

Says diagnosis was confirmed by a doctor=1

IF YES: What did the doctor call it?

0 1 7777 [N] (2
87
a)

What were your symptoms? Have you had that
in the last month?

Claims to have had symptoms of heart trouble

or high blood pressure in the last month=1

0 1 7777 [N] (2
90
)

Have you taken medication for this in the last month?
(e.g. digitalis, diuretics, nitroglycerin)

Takes heart/bp medication=1

0 1 7777 [N] (2
88
)

Have you ever had a very severe pain in your chest?
(Exclude pain of injury)

Has had severe chest pain some time after the age of 40=1

0 1 7777 [N] (2
92
)

IF YES: What did the doctor say it was?

Diagnosed as a heart attack by doctor=1

0 1 7777 [N] (2
93
b)

Did it make you feel weak or sweaty? Was it relieved
by rest? How long did it last?

Pain in chest not relieved by rest of 10+ minutes, and possibly accompanied by shock (weak, sweaty)=1

0 1 7777 [N] (2
93
a)

Has that occurred in the past year?

Has occurred in last year, not last month=1

0 1 7777 [N]

(292a)

	Has occurred in last month=1 0 1 7777	[N]	(293)
Do you currently (within the last month) have chest pain or other discomfort in your chest when you exert yourself?	Describes chest pain on exertion (within the last month)=1 0 1 7777	[N]	(291)
HIGH RISK PATIENT Glb: Current heart trouble, high blood pressure, or chest pain present	Cardiac problem=1 0 1 7777	[N]	(294a)
Gbl: 0 - 100 rating of severity 0=BEST 100=WORST	____ 7777	[N]	(294b)
ACTION: Refer to own physician - with findings	0 1 7777	[N]	(294d)
Refer to cardiology - for testing - for diagnosis	0 1 7777	[N]	(294e)

12: STROKE EFFECTS

Have you ever had a stroke? a sudden paralysis (weakness) or numbness (loss of sensation) on one side of the body but not the other?	Had a stroke=1 0 1 7777	[N]	[214d]
or suddenly lost the use of speech (not being able to talk at all) or suddenly had slurred speech (not being able to say words clearly)	Sudden loss speech=1 0 1 7777	[N]	[214e]
or had a sudden loss of consciousness with severe headache, nausea, or vomiting?	Loss of consciousness=1 0 1 7777	[N]	(294)

IF YES:

Was it on one side of your body but not on the other side? Which side?

Right sided weakness (of arm and leg)=1
0 1 7777 [N] (295)

Left sided weakness (of arm and leg)=1
0 1 7777 [N] (296)

When was that?

Stroke episode within last 1 year =1
0 1 7777 [N] (297)

Any after-effects? How long did they last?

At least some symptoms persisted for a few (e.g. 2) days after a stroke =1
0 1 7777 [N] (297a)

Weakness after any stroke persisted for several days or more =1
0 1 7777 [N] (297b)

Have you got it now?

Reports current after-effects =1
0 1 7777 [N] (297c)

OBSERVATION:

Effects of stroke still evident =1
0 1 7777 [N] (298)

Paralyzed or very weak in an arm and leg (on the left side)
0 1 7777 =1 [N] (299)

Paralyzed or very weak in an arm and leg (on the right side)=1
0 1 7777 [N] (299a)

Speaks with slurred speech =1
0 1 7777 [N] (299b)

HIGH RISK

Glb: Slurred speech or paralysis are present

Slurring or paralysis=1
0 1 7777 [N] (300a)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

____ 7777 [N] (300b)

ACTION:

Refer to own physician - with findings -
with offer of referral below

0 1 7777 [N] (300d)

Refer to neurology - for testing and diagnosis

0 1 7777 [N] (300e)

13: ARTHRITIS

Do you have arthritis or rheumatism?
(as defined or reported by subject)

Has "arthritis" or "rheumatism"=1
0 1 7777 [N] (300)

Do you have backaches?

Has backaches =1
0 1 7777 [N] (300a)

Do you have pain in the back of the neck?

Has pain in the back of the neck =1
0 1 7777 [N] (301)

Do you have pain, stiffness, or swelling in or
around the joints?

Has pain, stiffness, or swelling, in or
around joints =1
0 1 7777 [N] (302)

Or in your muscles or tendons (ligaments)?

Has pain or swelling in muscles or tendons
=1
0 1 7777 [N] (302a)

Can you show me where it hurts or where it's swollen?

Locates pain or stiffness in joints or
muscles of legs (not feet)=1
0 1 7777 [N] (303)

Locates pain in joints, muscles, of arms,
hands/shoulders =1
0 1 7777 [N] (304)

What about pain or swelling in your feet?

Has pain or swelling in feet =1
0 1 7777 [N] (302b)

IF ADMITS TO ANY OF ABOVE PAIN:

Have the pains been investigated
and diagnosed by a doctor?

Pain not investigated =1
0 1 7777 [N] (304b)

HIGH RISK

Glb: Pain present not investigated by doctor

Pain not investigated =1
0 1 7777 [N] (305a)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

-----, 7777 [N] (305b)

ACTION:

Refer to own physician - with findings -
to offer referrals below

0 1 7777 [N] (305d)

Refer to rheumatologist - for evaluation - for diagnosis

0 1 7777 [N] (305e)

Refer to social service - for evaluation of
need for housekeeping aid

0 1 7777 [N] (305f)

14: CRITICAL INCIDENTS

How many days have you had to spend in bed during the past month?	Days in bed #_____	7777 [N]	(323)
How many days have you been confined to the house over the past month?	Days in house #_____	7777 [N]	(324)
How many days have you felt too ill, weak, weak, uncomfortable, or distressed to do the things you usually do?	Days ill/restricted #_____	7777 [N]	(325)
How many days have you had an attack of any major health problem such as fainting, falling, acute pain, paralysis, high fever, confusion, speech difficulty, blindness, nausea?	Days illness events #_____	7777 [N]	(326)
HIGH RISK PATIENT			
Glb: Frequent or severe critical incidents	Frequent or severe=1 0 1 7777	[N]	(327)
Glb: 0 - 100 rating of severity 0=BEST 100=WORST	----- 7777	[N]	(328)
ACTION:			
Refer to own physician, -with findings, with advice, other	0 1 7777	[N]	(330)

15: LIVING CONDITIONS

Does your income cover your living expenses?
living expenses?

Income does not cover living expenses =1
0 1 7777 [N] (142)

Are you behind in important payments like rent,
electricity, telephone bills? (How far? How many
payments have you missed?)

Has missed at least two payments =1
0 1 7777 [N] (143)

Do you go without essential food or clothes or
medications because you cannot afford it?

Goes without essentials =1
0 1 7777 [N] (1
44
)

Do you live alone?

Lives alone =1
0 1 7777 [N] (1
45
)

IF NO: Who lives with you? Are they related to you?

Living companion is unrelated =1
0 1 7777 [N] (1
47
)

Are they able to help look after you if needed?

Living companion is not able to help =1
0 1 7777 [N] (1
48
)

Do you have to help look after them?

Lives with dependent person =1
0 1 7777 [N] (1
49
)

Do you have any children, relatives, or friends whom
you've seen or telephoned in the past month?

No contacts with relatives or friends
0 1 7777 [N] (1
50
)

Is there someone who would look after you if you
needed their help?

Children, relative or friends would not help
if
needed =1
0 1 7777 [N] (1
51
)

IF YES: Do they live more than 1 hour's traveling time
away from you?

Live far away =1
0 1 7777 [N] (1

Do you have daily contact with a relative, friend, or neighbor?

Does not have daily contact =1

0 1 7777

[N]

(1
53
)

Is there someone (friend or relative) you can talk to and share your problems with?

Does not have someone to talk to and share

problems with =1

0 1 7777

[N]

(1
54
)

Does it get very cold in your home during the winter?

Home gets very cold =1

0 1 7777

[N]

(1
55
)

IF YES: Do you have a heater you can use when necessary?

Does not have heat source to use when necessary =1

0 1 7777

[N]

(1
56
)

Do you have cooking facilities in good working order?

Cooking facilities do not work well =1

0 1 7777

[N]

(1
57
)

Is it difficult for you to get in and out of your home?

Difficult entry/exit =1

0 1 7777

[N]

(1
58
a)

Do you have stairs, a step, a ramp, or an elevator to enable you to get in and out of your home?

IF STAIRS/STEP: Can you manage them?

Access is made difficult by unmanageable stairs/step =1

0 1 7777

[N]

(1
58
)

IF ELEVATOR: Is it in good working order?

Defective elevator or lack of ramp =1

0 1 7777

[N]

Do you live in fear of crime?	Fearful of crime =1 0 1 7777	[N]	(1 59)
<u>IF YES:</u> Has your home or a neighbor's home been burglarized in the last year?	Past events and current lack of security indicate vulnerability to burglary =1 0 1 7777	[N]	(1 60)
What kind of security do you have now?	Does not have means of security =1 0 1 7777	[N]	(1 60)
Are you in danger of eviction?	Danger of eviction =1 0 1 7777	[N]	(1 61)
Do you have special gadgets or structures in your home to help you do things? Like handrails, ramps, special toilets, hoists, shower seats, etc?	Home has not been restructured to help mobility and self-care =1 0 1 7777	[N]	(1 62)
Is there a problem with transportation that prevents you from getting to: medical care, shopping, social activities?	Problem with transportation prevents specified activity =1 0 1 7777	[N]	(1 63)
Is there a phone available to you? What number would you call in an emergency? Do you have some other method of getting assistance in an emergency? Do you assistance in an emergency? What?	Does not describe an appropriate and feasible way of summoning help in an emergency =1 0 1 7777	[N]	(1 64)
If you were unable to get up one day because of illness would anyone notice this? How? (Question Only)	Might lie unnoticed =1 0 1 7777	[N]	(165)
Might you lie the whole day and night without being found?			
HIGH RISK PATIENT			

Glb: does not have sufficient finances to cover essentials	Insufficient finances =1 0 1 7777	[N]	(1 66)
Glb: lives alone and without accessible supportive persons	Alone and unsupported =1 0 1 7777	[N]	(1 67)
Glb: does not have daily contacts with a relative, friend, or neighbor?	No daily contacts =1 0 1 7777	[N]	(1 68)
Glb: has serious problems with heating, facilities, elevator	Inadequate housing =1 0 1 7777	[N]	(1 69)
Glb: is seriously hampered because home lacks restructuring to assist function	Home lacks restructuring =1 0 1 7777	[N]	(1 70)
Glb: lack of transportation prevents important activities	Transportation barrier =1 0 1 7777	[N]	(1 71)
Glb: Does not have a feasible plan for emergencies	No emergency plan =1 0 1 7777	[N]	(1 72)
Glb: 0 - 100 ratings of severity 0=BEST 100=WORST	-----, 7777	[N]	(173)
ACTION Refer to physician- with findings, with advice, with offer of referrals below, other	0 1 7777	[N]	(1 75)
Refer to Social Services with findings, - with recommendation for further assessment for determination of eligibility for medicaid, financial support, for social network profile for environmental assessment, - other.	0 1 7777	[N]	(1

Refer to Visiting Nurse - with findings, -
with recommendation
for nursing evaluation, - for psychiatric screening,
for safety check, for environmental assessment to
determine need for adapting to needs of disabled,
- to assist client in developing emergency plan, or other.
Refer to Fire Department, Police Department,
Health Department with findings regarding risk
due to poor safety of home

0 1 7777

[N] (1
76
)

Refer to landlord or legal services - with findings
regarding building/apartment violations.

0 1 7777

[N]
(177b)

16: STRESS

Has anything happened to you over the past year which has caused major changes in your life, either for better or worse? Has anything major happened to you with respect to housing or crime or finances, or your family or your health or an accident?

Events have occurred during the year which are major changes in the subject's life=1

0 1 7777 [N] (401)

IF YES TO EVENTS: When did it happen? Do you still think about it a lot? Has it affected the way you live, a lot? Has it distressed you, a lot?

Reactions to event continue at an intense level=1

0 1 7777 [N] (402)

Are you dealing with it now? Is anyone helping you deal with it?

Subject is not coping or being helped to cope adequately with events=1

0 1 7777 [N] (403)

HIGH RISK PATIENT

Glb: Stress is overwhelming and/or strain is clearly evident

Severe stress or strain=1

0 1 7777 [N] (404)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

-----, 7777 [N] (405)

ACTION:

Refer to own physician, with findings, with advice, with offer of referrals below, other

0 1 7777 [N] (407)

Refer to social work - for reduction of stressor agents or improving coping

0 1 7777 [N] (408)

Refer to psychiatry - for reduction of stressor agents or improving coping

0 1 7777 [N] (409)

Other referral

0 1 7777 [N] (410)

17: SEXUAL PROBLEMS

Many elderly are still interested in being sexually active.

Is not sexually active=1
0 1 7777 [N] (241a)

Are you sexually active?

IF NO: Is that a problem for you?

Lack of sexual activity is perceived as a problem=1
0 1 7777 [N] (241)

Have you noticed any change within the past year distinct in your interest or pleasure in sex?

Has noticed during the past year a loss of interest or sexual pleasure=1
0 1 7777 [N] (242)

IF YES: Can you describe that to me?

Have you noticed during the year any new physical or emotional difficulty with sexual activity?

Has noticed during the past year an increase in sexual difficulties=1
0 1 7777 [N] (243)

Would you like to talk to someone about that?

Would like advice=1
0 1 7777 [N] (244)

HIGH RISK PATIENT

Glb: Admits to sexual impairment which is a problem for patient

Sexual problem
0 1 7777 [N] (245)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

_____ 7777 [N] (246)

ACTION:

Refer to own physician, - with findings, with advice, other

0 1 7777 [N] (248)

Other referral for evaluation (with partner) and treatment to psychiatry, urology, gynecology, special sex therapy clinic, - other

0 1 7777 [N] (249)

18: CAREGIVING BURDEN

Does any family member living with you have a serious mental or physical problem?

Caregiving responsibility=1
0 1 7777 [N] (462)

IF YES: Has that affected your health in any way?

Affected health=1
0 1 7777 [N] (463)

Does it affect your sleep or rest?

Affected rest=1
0 1 7777 [N] (464)

Has it strained your finances?

Strained finances=1
0 1 7777 [N] (465)

Has it stopped you from going out?

Stopped going out=1
0 1 7777 [N] (466)

Has it stopped you from seeing your friends?

Stopped visiting=1
0 1 7777 [N] (467)

Does it make you feel irritable and tired?

Causes irritability/tiredness=1
0 1 7777 [N] (468)

HIGH RISK PATIENT

Glb: The patient is caregiver for a family member and is under strain because of it

Caregiver burden=1
0 1 7777 [N] (469)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

_____ 7777 [N] (470)

ACTION:

Refer to own physician, with findings, with advice, with offer of referrals below, other

0 1 7777 [N] (472)

Refer to social work - for evaluation and relief of patient's caretaking burden

0 1 7777 [N] (473)

Refer to visiting nurse service for evaluation and relief of patient's caretaking burden

0 1 7777 [N] (474)

Refer to home health agency for evaluation and relief of patient's caretaking burden

0 1 7777 [N] (474a
)

19: NUTRITION

MEASURE AND RECORD WEIGHT AND HEIGHT:

Weight_____	7777	[N]	(206a)
Height_____	7777	[N]	(206b)

CONSULT HT/WT TABLES:

10% or more below norm?	Below norm=1		
	0 1 7777	[N]	(206)

20% or more above norm?	Above norm=1		
	0 1 7777	[N]	(207)

OBSERVATION:

Looks emaciated or dehydrated=1		
0 1 7777	[N]	(208)

Have you been eating well?	Has not been eating well=1	
	0 1 7777	[N] (209)

IF NOT EATING WELL:

Why are you not eating well? Is it because of your teeth?	States that dental problems are a cause=1	
Do you have difficulty chewing your food?	0 1 7777	[N] (210)

Is it because of some physical problems such as nausea or vomiting or pain upon eating?	Claims a non-dental, physical cause for not eating well=1	
	0 1 7777	[N] (211)

Does food seem tasteless?	Food tasteless=1	
	0 1 7777	[N] (212)

Do any of your medications spoil your appetite?	Claims a medication spoils appetite=1	
	0 1 7777	[N] (213)

Do you get enough to eat?	Does not get enough to eat=1	
	0 1 7777	[N] (214)

IF NO:

Is it because you don't have enough money?	Doesn't have enough money for food=1	
	0 1 7777	[N] (215)

Is it because of difficulty in getting the food prepared?	Can't get the food prepared=1	
	0 1 7777	[N] (216)

Are you on a special diet? Are there foods you avoid because you've been told to on account of your health? ____	Told to avoid certain foods=1	
	0 1 7777	[N] (217a)

)

IF YES:

For what? Reducing, heart, diabetes, etc)
Who recommended that?

On a diet specific to a condition=1
0 1 7777 [N] (217)

Do you keep to the diet?

Does not keep to professionally
recommended diet=1
0 1 7777 [N] (218)

Do you eat at least one hot meal everyday?

Does not eat at least one hot meal a
day=1
0 1 7777 [N] (218)

IF NO:

Which days last week did you
not eat at least one hot meal?

Misses hot meals on weekend days=1
0 1 7777 [N] (219)

How many days a week do you have meat? Bread?
Vegetables? Milk?

Any one or more of these items absent
4 or
more days=1
0 1 7777 [N] (219)

Have you lost any weight during the past 6 months?

Lost weight=1
0 1 7777 [N] (188)

IF YES: About how much? More or
less than 10 lbs?

10 lbs. or more/loss of weight=1
0 1 7777 [N] (189)

Is it because it is painful for you to eat or food makes
you feel ill, or you just have no appetite?

Due to loss of appetite or is
unexplained=1
0 1 7777 [N] (190)

HIGH RISK PATIENT

Glb: Weight is markedly underweight or
overweight or has lost considerable weight

Weight problem=1
0 1 7777 [N] (220)

Glb: Symptoms or medications interfere
with appetite or food intake

Appetite disorder=1
0 1 7777 [N] (221)

Glb: Insufficient food intake because:
Unable to prepare own meals and I
acks assistance; or financial constraint,
unable to buy enough food

Insufficient food=1
0 1 7777 [N] (222)

Glb: On a professionally recommended diet

Dietary non-compliance=1

but doesn't stick to it	0	1	7777	[N]	(223)
Glb: Meals are nutritionally unbalanced	Poor nutrition=1 0 1 7777			[N]	(224)
Glb: 0 - 100 rating of severity 0=BEST 100=WORST	_____		7777	[N]	(225)
ACTION:					
Refer to own physician - with findings, with suggestions for further evaluation, to determine cause of weight loss, vomiting, nausea, general malaise, re-evaluation of medications which reduce appetite, with offer of referrals below, other	0	1	7777	[N]	(227)
Refer to nutritionist/dietician - with findings, for counseling on diet compliance, for re-evaluation of diet, other	0	1	7777	[N]	(228)
Refer to dentist - with findings, - to check, correct, modify or replace prosthesis, for counseling, other	0	1	7777	[N]	(229)
Refer to Social Worker - with findings, for evaluation of support system and need for assistance, for financial assistance and determination of entitlements, for assistance obtaining prosthesis, handicap aids, other	0	1	7777	[N]	(230)
Refer to rehabilitation or occupational therapy - with findings, for attention to physical factors involved in food preparation and eating, other	0	1	7777	[N]	(231)
Refer to ENT - with findings, for evaluation of taste and smell problems, other	0	1	7777	[N]	(232)

20: HEALTH STYLE

Do you drink beer, wine or spirits?

IF YES: How many times a day do you usually have a drink?(How many days a week do you do that?) week=1

Usually drinks alcohol 3+ times or throughout the day, 4+ a

0 1 7777 [N] (387)

Do you often drink more alcohol than is good for you?

Admits that he often drinks alcohol to excess=1

0 1 7777 [N] (388)

Do you take anything to help you sleep? What?

Dependent on medication for sleep=1

IF YES: If you weren't taking that medication would you have trouble sleeping?

0 1 7777 [N] (389)

Do you take any medication to improve your feelings or help you calm down?

Frequently takes a mood active drug which he cannot do without=1

IF YES: What happens if you don't take it? How often do you take it?

0 1 7777 [N] (391)

Have you smoked cigarettes in the last five years?

Smoked in last five years=1

0 1 7777 [N] (391a)
)

IF YES: How many cigarettes a day do you smoke now?

Smokes 5 to 10 cigarettes a day=1

IF VARIABLE: On average?

0 1 7777 [N] (391b)
)

Smokes more than 10 per day=1

0 1 7777 [N] (391)

How many days a week do you walk or exercise enough to make yourself breathe deeply or become hot or sweaty?

Walks or exercises 1 or less days a week=1

0 1 7777 [N] (392)

Do you limit the amount of fat or salt you eat in your diet?

Does not limit fat or salt in diet=1

0 1 7777 [N] (393)

HIGH RISK PATIENT

Glb: Is certainly or probably addicted to drugs or alcohol

Alcohol addiction=1

0 1 7777 [N] (394)

Glb: Other health habits are actually or potentially a serious hazard

Health hazards=1

0 1 7777 [N] (395)

Glb: 0-100 rating of severity	_____	7777	[N]	(396)
0=BEST 100=WORST				

ACTION:

Refer to own physician, - with findings, with advice,
with offer of referrals below, other

0	1	7777	[N]
---	---	------	-----

Refer to psychiatry - for evaluation and treatment
of addiction for treatment of smoking

0	1	7777	[N]	(399)
---	---	------	-----	-------

Refer to health educationalist - for counseling

0	1	7777	[N]	(400)
---	---	------	-----	-------

21: CANCER ALERT

Do you have a sore that won't heal?	Sore won't heal=1 0 1 7777 [N] (372)
Do you have a lump or thickening that you have noticed only during the past year?	Recent lump or thickening=1 0 1 7777 [N] (373)
Do you have a cough?	A persistent cough lasting over one month
<u>IF YES:</u> How long have you had it?	but not longer than one year=1 0 1 7777 [N] (374)
Has your voice become hoarse recently?	Very hoarse over one month ago but less
<u>IF YES:</u> How long has it been like that?	than one year=1 0 1 7777 [N] (375)
Do you have any bleeding or discharge from anywhere?	Unexplained bleeding or discharge from
<u>IF YES:</u> From where? Do you know what it is due to?	vagina or bowel=1 0 1 7777 [N] (376)
Have you noticed any change in a wart or a mole on your skin?	Recent change in size, shape, or bleeding or
<u>IF YES:</u> What have you noticed?	Itchiness of a wart or a mole=1 0 1 7777 [N] (377)
Have you ever had a growth or a tumor?	A growth requiring an operation, radiation, or
<u>IF YES:</u> What kind of treatment did you get?	chemotherapy at any time during last five years=1 0 1 7777 [N] (378)
Was that successful? or with	Treatment described as unsuccessful
Does it affect you now in any way?	current symptoms=1 0 1 7777 [N] (379)
Do you have any difficulty swallowing?	Difficulty swallowing persisting for over one
<u>IF YES:</u> How long have you had that?	month=1 0 1 7777 [N] (380)
Has there been a change recently in your bowel habits (constipation or diarrhea) or in the color of your stools?	Describes a change in bowel habits/stool within past year and lasting 1+ months=1 0 1 7777 [N] (381)

IF YES: When did you first notice that?

HIGH RISK PATIENT

Glb: Has symptoms which are possibly due to undiagnosed cancer or unnoticed relapse

Suspicious symptom

0 1 7777

[N] (382)

Glb: Has symptoms due to clinically evident cancer

Active cancer

0 1 7777

[N] (383a)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

_____ 7777

[N] (383)

ACTION:

Refer to own physician, - with findings, with advice, with offer of referral below, other

0 1 7777

[N] (385)

Refer for sub-specialist evaluation - to dermatology, radiology, gynecology, gastro-enterology, oncology, other

0 1 7777

[N] (386)

22: MEDICATIONS

Are you on any medications or drugs?

On medication=1

0 1 7777 [N] (91a)

IF YES: What medicine or drugs do you take?

Mentions 4 or more medications=1

0 1 7777 [N] (91)

Do you take any drugs that you need a doctor's prescription for? Which? Who prescribed that?

Mentions 1 prescribing MD=1

0 1 7777 [N] (92a)

Mentions 2 or more prescribing MD's=1

0 1 7777 [N] (92)

Do you take laxatives? Something for an upset stomach?

Regularly (daily) takes drug not prescribed

Cough Medicine? For colds? Sleeping pills? Pain killers? Vitamins? For allergies?

by doctor=1

0 1 7777 [N] (93)

Do you take any medications to help you cope or feel better or calm you down?

Who prescribed that?

How often have you taken it during the past month?

IF ON PRESCRIBED MEDICATIONS, ASK TO SEE PRESCRIPTIONS RECORDS/VIALS/TABLETS, ETC.

What is it called? What strength?

Does not know names and dosages=1

What do you take it for?

0 1 7777 [N] (94)

Does not know correct purpose of

drugs=1

0 1 7777 [N] (95)

Has it helped you?

Medications are ineffective=1

0 1 7777 [N] (96)

Has it affected you in any way? Do you experience any side-effects? What?

Reports unpleasant side-effects of drugs which he is taking=1

0 1 7777 [N] (97)

FILL IN ALL PRESCRIBED AND NON-PRESCRIBED DRUGS

Name or description	Patient's view of purpose	Benefits 0-100 (100=Best)	Side-effects 0-100 (100=Worst)
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

OBSERVATION: Drug-drug incompatibility (consult chart) Incompatibility=1
0 1 7777 [N] (118)

OBSERVATION: Taking one of the addictive or habit forming drugs: Opium opium alkaloids, heroin, synthetic morphine like analgesics (e.g. Pethedine, Methadone) and cocaine, hallucinogens cannabis, other psychostimulants, (amphetamines), barbiturates Addictive/habit forming=1
0 1 7777 [N] (119)

Do you have a system for reminding yourself to take medications? Does not have system of own nor informal caregiver to help subject remember to take medications=1
0 1 7777 [N] (120)

Do you have difficulty reading labels on medicine bottles or opening medicine bottles? Reports difficulty reading labels=1
0 1 7777 [N] (121)

Do you have someone who does this for you? Who? opens Someone else reads labels and/or bottles for subject=1
0 1 7777 [N] (122)

(PRESENT THE STANDARD MEDICATION BOTTLE)

Would you please read this label and open this bottle? Cannot do above on testing=1
0 1 7777 [N] (123)

Do you have someone else who gives you your medications? Someone else (a formal or informal caregiver) gives subject the medications=1
0 1 7777 [N] (124)

Do you have trouble getting prescriptions filled or paying for them? Subject or caregiver has trouble getting prescriptions filled or paying for them=1
0 1 7777 [N] (124a)

Do you run out of medications without getting your prescriptions refilled? (Why is that?) Subject and/or informal caregiver neglects filling prescriptions=1
0 1 7777 [N] (125)

Do you often miss taking your medication? Subject and/or informal caregiver often misses taking/giving medications=1

	0	1	7777	[N]	(126)
HIGH RISK PATIENT					
Glb: Polypharmacy (4+ medications or 2+ prescribers)	Polypharmacy=1				
	0	1	7777	[N]	(127)
Glb: Poor knowledge of treatment regime	Not informed=1				
	0	1	7777	[N]	(128)
Glb: Can't read or open medication bottles	Problem in administration=1				
	0	1	7777	[N]	(129)
Glb: Medications are reported or observed to be ineffective	Ineffective=1				
	0	1	7777	[N]	(130)
Glb: Is experiencing an unusual, unacceptable or potentially serious reaction to medications	Serious side-effects=1				
	0	1	7777	[N]	(131)
Glb: Drug-drug incompatibility	Drug incompatibility=1				
	0	1	7777	[N]	(132)
Glb: Marked difficulty in obtaining OR paying for medications	Difficulty obtaining meds=1				
	0	1	7777	[N]	(133)
Glb: History of drug non-compliance	Non-compliance=1				
	0	1	7777	[N]	(134)
Glb: Substance abuser	Substance abuse=1				
	0	1	7777	[N]	(135)
Glb: 0 - 100 rating of severity 0=BEST 100=WORST	_____		7777	[N]	(136)
ACTION					
Refer to own physician - with findings, - for review of drug-drug interactions for review of ineffective drugs, for reduction of polypharmacy, for response to drug side-effects, with offer of referrals below, other	0	1	7777	[N]	(138)
Refer to psychiatry for evaluation and treatment of addiction	0	1	7777	[N]	(139)
Refer to nursing/pharmacy service - for compliance counseling explanation and advice on use of medications, other	0	1	7777	[N]	(140)
Refer to social work service - for advice on cost of medication, eliciting help of family in supervision or use of medication, other	0	1	7777	[N]	(141)

23: SERVICE UTILIZATION

Do you have a particular doctor whom you contact when you're ill?

Does not have doctor to contact when ill=1
0 1 7777 [N] (411)

Have you seen a doctor in the past year?

Has not seen doctor in past year=1
0 1 7777 [N] (412)

Is it very difficult for you to get from your home to a doctor's office?

Difficulty getting to doctor's office=1
0 1 7777 [N] (413)

Have you missed an appointment with your doctor in the past year? How many times?

Has missed two or more appointments in past year=1
0 1 7777 [N] (414)

Have you had to go to the emergency room during the past year? How many times? What was it for?

Has been to the emergency room on two or more occasions in the year=1
0 1 7777 [N] (415)

Have you been in the hospital as a patient during the last year?

Hospitalized in the last year=1
0 1 7777 [N] (416)

In the past year, have you had: a rectal examination?

No rectal examination=1
0 1 7777 [N] (417)

IF FEMALE:

- a vaginal (pelvic) examination?

No vaginal examination=1
0 1 7777 [N] (418)

- a breast examination?

No breast examination=1
0 1 7777 [N] (419)

-do you examine your own breasts every month?

No breast self-examination=1
0 1 7777 [N] (420)

Have you had your blood pressure tested within the last year?

No blood pressure test=1
0 1 7777 [N] (421)

Have you had your eyes tested within the last year?

No eye examination=1
0 1 7777 [N] (422)

Have you used special transportation to get to the doctor or Senior Center in the past year?

Used special transportation=1
0 1 7777 [N] (319)

HIGH RISK PATIENT

Glb: Patient is poorly connected to the health service system

Poorly connected=1
0 1 7777 [N] (423)

Glb: Preventive examinations have been inadequate	Inadequate prevention=1				
	0	1	7777	[N]	(424)
Glb: 0 - 100 rating of severity 0=BEST 100=WORST	_____		7777	[N]	(425)
ACTION:					
Refer to own physician, - with findings, with advice, with offer of referral below	0	1	7777	[N]	(427)
Refer to a particular physician if not currently assigned with findings, with advice with offer of referral below, other	0	1	7777	[N]	(428)
Refer to health educationalist	0	1	7777	[N]	(429)

24: SATISFACTION WITH SERVICES

Are you completely satisfied with treatment the way you're treated when you visit your doctor?

Either here or in the hospital or at home?

Not satisfied with some aspect of services, medication, information, etc.=1

0 1 7777 [N] (430)

IF NOT COMPLETELY SATISFIED:

What is the problem?

Claims to receive insufficient services =1

0 1 7777 [N] (432)

Claims to receive inappropriate services =1

0 1 7777 [N] (433)

Complains about an accompaniment of treatment (e.g. cost, courtesy, time)=1

0 1 7777 [N] (434)

Complains about a specific gap in treatment (e.g. information)=1

0 1 7777 [N] (435)

Other complaint =1

0 1 7777 [N] (436)

HIGH RISK PATIENT

Glb: Patient is definitely dissatisfied with health and related social services received

Dissatisfied =1

0 1 7777 [N] (437)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

_____ 7777 [N] (438)

ACTION:

Refer to own physician, with findings, with advice, other

0 1 7777 [N] (440)

25: INVOLVEMENT IN DECISIONS

Has the doctor or some member of treatment the staff discussed with you how to manage your treatment?	Doctors/staff have not discussed with subject=1 0 1 7777 [N] (441)
Did they discuss it with any member of your family?	No discussion with family member=1 0 1 7777 [N] (442)
Did anyone ask for your opinion or feelings before they made plans for treatment?	Was not asked feelings/opinion about plans for treatment=1 0 1 7777 [N] (443)
Would you have liked to receive more information about obtaining equipment or financial assistance or transportation or home care or any other services?	Needs more information=1 0 1 7777 [N] (444)
HIGH RISK PATIENT Glb: Patient, though capable, is not involved in decisions on treatment	Uninvolved=1 0 1 7777 [N] (445)
Glb: 0 - 100 rating of severity 0=BEST 100=WORST	_____ 7777 [N] (446)
ACTION: Refer to own physician, with findings, with advice, with offer of referral below, other	0 1 7777 [N]
Refer to social work or health educationist for counseling and information	0 1 7777 [N] (449)

26: COMMUNICATION**OBSERVATION****[IN OWN LANGUAGE]****Expressive Communication**

- Speaks and is usually understood.....1
 Speaks but is only understood with difficulty.....2
 Uses only structured sign language, symbol
 board, or writes to communicate.....3
 Uses only gestures, grunts, or primitive
 symbols to communicate.....4
 Does not convey needs.....5

0 1 2 3 4 5 7777 [N] (358)

Receptive Communication

- Usually understands oral communication.....1
 Limited comprehension of oral communication...2
 Understands by depending on lip reading, written
 materials, or structured sign language.....3
 Understands only primitive gestures, facial
 expression, simple pictograms, and/or
 recognizes environmental cues.....4
 Does not understand.....5

0 1 2 3 4 5 7777 [N] (359)

HIGH RISK PATIENTGlb: Communication is impaired and
an impediment

Communication handicap

0 1 7777 [N] (360)

Glb: 0 - 100 rating of severity 0=BEST 100=WORST

_____ 7777 [N] (361)

ACTION:Refer to own physician, with findings, with advice, with offer
of referrals below, other

0 1 7777 [N] (363)

Refer to speech therapy for evaluation, treatment

0 1 7777 [N] (364)

Refer for neuropsychiatric evaluation
neurology, or psychiatry

0 1 7777 [N] (365)

27: POSITIVE QUALITIES

Positive Personality: Attractiveness, charm, resourcefulness; adaptability; confidence

Glb: 0 (Worst) - 100 (Best) rating. _____ 7777 [N] (451)

Positive Mood: Cheerful most of interview

pleasant and well groomed; mentions positive attitudes

Glb: 0 (Worst) - 100 (Best) rating _____ 7777 [N] (452)

Positive Cognition: Remembers dates and details of life events; carries on interesting conversation with wide range of emotional response; prompt and appropriate answers; familiar with current events

Glb: 0 (Worst) - 100 (Best) rating _____ 7777 [N] (453)

Positive Physical Assets: Vigor; resilience; endurance; strength

Glb: 0 (Worst) - 100 (Best) rating _____ 7777 [N] (454)

Positive Material Environment: Economic reserves; buying power; adequacy and convenience of housing

Glb: 0 (Worst) - 100 (Best) rating _____ 7777 [N] (455)

Positive Human Environment: Proximity, willingness and ability of helpers; friendly circle

Glb: 0 (Worst) - 100 (Best) rating _____ 7777 [N] (456)

Positive Contribution: Helps family or friends through material means or by doing tasks

Glb: 0 (Worst) - 100 (Best) rating _____ 7777 [N] (457)

Exceptional Patient

Glb: Outstanding positive strengths (despite possible presence of marked health problems)

Exceptional=1
0 1 7777 [N] (458)

Glb: 0 - 100 rating of overall positive qualities
0 (Worst) - 100 (Best) rating

_____ 7777 [N] (459)

ACTION:

Refer to self-help or support group as an inspiring model

0 1 7777 [N] (461)