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Patient ID

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Screening ID

Form

Version

**URCC 13059 - GAP 70+**

**Geriatric Assessment Scoring Guide to Detect Impairments**

**Amd2**

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Patient Initials

● Screening

**Completed by CRA**

DOMAIN	RESPONSES	SCORES Meeting the Cut-Off	Impairment Cut-off Met?	
			No	Yes
<b>Polypharmacy</b>	How many regularly scheduled medications does the patient take? 1 point for every regularly scheduled prescription medication listed on the Polypharmacy log (Response options: <5; ≥ 5)	≥ 5 points for regularly scheduled medications  OR  ≥ 1 point(s) for "yes" responses  OR  < 60 ml/min for CrCL or GFR (creatinine clearance on Labs form)	<input type="checkbox"/>	<input type="checkbox"/>
	How many "yes" responses on the High Risk Drug Review were there? 1 point for every 'Yes' response (Response options: 0, ≥ 1)			
	From the lab form, what was the patient's creatinine clearance? (Response options: < 60; ≥ 60 ml/min)			
<b>BOMC</b>	What was the patient's score on the BOMC? Response options: < 11; ≥ 11 points)	≥ 11 points	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mini Cog</b>	How many words did the patient recall? (Response options: 0, 1, 2, 3 words)	0 words recalled  OR  1-2 words recalled + abnormal clock	<input type="checkbox"/>	<input type="checkbox"/>
	Was the clock normal? (Response options: normal, abnormal)			
<b>Weight Loss</b>	What is the patient's percent of weight loss in the last 6 months? (Response options: ≤ 10%; > 10%)	> 10% weight loss in the past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
<b>BMI</b>	What was the patient's BMI? (Response options: < 21.0; ≥ 21.0 kg/m2)	< 21.0 kg/m2	<input type="checkbox"/>	<input type="checkbox"/>
<b>MNA</b>	What was the patient's score on the MNA? (Response options: > 11, ≤11 points)	≤ 11 points	<input type="checkbox"/>	<input type="checkbox"/>
<b>TUG</b>	What was the patient's time on the TUG? (Response options: > 13.5, ≤13.5 sec)	> 13.5 seconds	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPPB</b>	What was the patient's score on the SPPB? (Response options: ≤9; > 9 points)	≤ 9 points	<input type="checkbox"/>	<input type="checkbox"/>

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● Screening

Completed by Patient			Impairment Cut-off Met?	
DOMAIN	RESPONSES	SCORES Meeting the Cut-Off	No	Yes
ADL	In column A, how many "yes" responses were there? 1 point for every 'Yes' response (Response options: 0, ≥ 1)	≥ 1 point(s) for "yes" responses	<input type="checkbox"/>	<input type="checkbox"/>
Instrumental ADLs	How many "able to do with some help" or "completely unable to do" responses were there? 1 point for every "able to do with some help" or "completely unable to do" response (Response options: 0, ≥ 1)	≥ 1 point(s) for "able to do with some help" or "completely unable to do" responses	<input type="checkbox"/>	<input type="checkbox"/>
OARS Physical Health	How many "a lot" responses were there? 1 point for every "a lot" response (Response options: 0, ≥ 1)	≥ 1 point(s) for "a lot" responses	<input type="checkbox"/>	<input type="checkbox"/>
Falls History	On question 1, was the response "yes"? 1 point for 'Yes' response (Response options: 0, 1)	1 point for "yes" response on question #1	<input type="checkbox"/>	<input type="checkbox"/>
OARS Comorbidity	How many "yes" responses were there? 1 point for every 'Yes' response (Response options: 0, 1-2, ≥ 3)	≥ 3 points for "yes" responses	<input type="checkbox"/>	<input type="checkbox"/>
	Including eyesight and hearing, how many "a great deal" responses were there? 1 point for every "a great deal" response (Response options: 0, ≥ 1)	OR ≥ 1 point(s) for "a great deal" responses (including eyesight and hearing)		
GAD-7	What was the patient's score on the GAD-7? (Response options: <10 points, ≥ 10 points)	≥ 10 points	<input type="checkbox"/>	<input type="checkbox"/>
GDS	What was the patient's score on the GDS? (Response options: <5 points, ≥ 5 points)	≥ 5 points	<input type="checkbox"/>	<input type="checkbox"/>
OARS Medical Social Support	For <b>QUESTIONS 2-5</b> , how many "none," "a little," or "some of the time" responses were there? 1 point for every "none," "a little," or "some of the time" response (Response options: 0, ≥ 1)	≥ 1 point(s) for "none," "a little," or "some of the time" responses on <b>QUESTIONS 2-5</b>	<input type="checkbox"/>	<input type="checkbox"/>