**Geriatric EMR Templates**

The following are templates that can be incorporated into electronic medical record systems to assist in training medical students and residents to provide patient-centered, evidence-based care to geriatric patients. Double underlines are provided after *selection items* to indicate where one would add a + or –, (reported or denied, Yes or No, observed or absent) or additional information depending on the system being used or where one could expand a macro. Macros that call up additional forms, tools or checklists are indicated in blue highlighting and include a suggested macro key. The first item below is a complete Geriatric Assessment encounter note template. Templates that follow are either specific parts of the encounter note, such as histories (Family, Social, etc.) or the geriatric physical exam. Additional macros are built into these sections which bring up geriatric assessment tools. The last item is a template for the geriatric syndrome in the Assessment portion of the SOAPnote.

The following templates included below are:

1. Geriatric Assessment SOAPnote Template
2. Premorbid Functional Status
3. Geriatric Review of Systems
4. Review of Dementia Related Symptoms
5. Geriatric Social History
6. Geriatric Family History
7. Geriatric Physical Exam
8. Functional Status: IADL
9. Functional Status: Basic Activities of Daily Living
10. Functional Status: Advanced ADLs
11. Get up and Go
12. POMA
13. Mini-Cog
14. Mini-Mental Status Exam
15. Confusion Assessment Measures
16. 2 Question Mood Screen
17. Geriatric Depression Scale
18. Patient Health Questionnaire 9 (PHQ-9)
19. CAGE Score
20. Geriatric Syndromes

**1. Geriatric Assessment Template for SOAP note**

**Subjective:**

Macros Keys are highlighted in Blue

Goals for Assessment/Admission/Discharge:

Patient goals\_\_. Family goals\_\_.  
 Provider goals\_\_.

Functional History:

Premorbid Function Status: GeriPreFunctS\_\_.

Review of Systems: GeriROS\_\_.

Review of dementia related symptoms: GeriRODRS\_\_.

Social History: GeriSHx\_\_

Family History: GeriFHx\_\_.

**Objective:**

Physical Exam; GeriPE\_\_.

**Assessment:**

STABLE PROBLEMS:

UNSTABLE PROBLEMS:

Geriatric Syndrome GeriSyn\_\_.

Potential Medication Interactions\_\_.

**Plan:**

Plan for each problem:

**Medications:**

ACTIVE MEDICATIONS: \*started/date added \*\*stopped

Rx:

OTC:

Supplements/herbals:

**Follow Up:**

**2. Premorbid Functional Status**

Key: GeriPreFunctS

Premorbid Functional Status:

Prior to the onset of current change in health status, according to the following resource:

Patient\_\_. Family\_\_. Chart\_\_. MD\_\_. Old records\_\_. Other\_\_.

this patient’s condition was as follows:

Incontinence\_\_. Urine\_\_. Fecal\_\_.

Dementia\_\_. Previous MMSE score\_\_. Date\_\_.

State of Consciousness\_\_.

Communication: Verbal\_\_. Written\_\_. Primary language\_\_..

Mobility\_\_. Human assist\_\_. Cane\_\_. Walker\_\_. Wheelchair\_\_.

Appetite\_\_. Sleep habits\_\_.

Bed Mobility\_\_. Transfer\_\_.

Toilet\_\_. W/o assistance\_\_.

Bathe\_\_. W/o assistance\_\_.

Dress\_\_. W/o assistance\_\_.

Feed self\_\_. W/o assistance\_\_.

Groom\_\_. W/o assistance\_\_.

Shopping\_\_. W/o assistance\_\_.

Cooking\_\_. W/o assistance\_\_.

Laundry\_\_. W/o assistance\_\_.

Telephone\_\_. W/o assistance\_\_.

Medications\_\_. W/o assistance\_\_.

Housekeeping\_\_. W/o assistance\_\_.

Manage money\_\_. W/o assistance\_\_.

Driving\_\_. W/o assistance\_\_.

**3. Geriatric Review of Systems**

Key: GeriROS

GEN:

Associated/Constitutional: Anorexia\_\_. Confusion\_\_. Falls\_\_. Fatigue\_\_. Fever\_\_. Hypothermia\_\_. Lethargy\_\_. Malaise\_\_. Mobility\_\_. Weakness generalized\_\_. Weight Gain\_\_. Weight Loss\_\_. .

Endocrine: Cold Intolerance\_\_. Heat Intolerance\_\_..

Hematologic/Lymphatic: Bleeding\_\_. Bruising\_\_. Ecchymosis\_\_. Epistaxis\_\_. Lymphadenopathy\_\_. Petechiae\_\_. Transfusions\_\_. .

Allergic/Immunologic: Food Allergies\_\_. Recent Infection\_\_. Seasonal Allergies\_\_. Medication Allergies\_\_. .

ENT: Negative Head ears mouth nose and throat systems review\_\_. Dental or Teeth Problems\_\_. Dentures\_\_. Drooling\_\_. Dry Mouth\_\_. Gingivitis\_\_. Hearing loss\_\_. Hoarseness\_\_. Jaw Pain\_\_. Oral Ulcerations\_\_. Otalgia\_\_. Post Nasal Drainage\_\_. Sore Throat\_\_. Problems Swollowing\_\_. Taste\_\_. Tinnitus\_\_. .

Eyes: Blurred Vision \_\_. Eye Pain\_\_. Vision Impairment\_\_. Central vision\_\_. Peripheral vision\_\_. Night vision\_\_\_. Near vision\_\_. .

NECK: Negative neck systems review\_\_. Neck Limited Motion\_\_. Neck Pain\_\_. Neck Swelling\_\_.

LUNGS/Respiratory: Negative lungs-respiratory systems review\_\_. Cough\_\_. Dyspnea\_\_. Hemoptysis\_\_. Orthopnea\_\_. Wheezing\_\_. .

HEART/Cardiovascular: Negative HEART-CARDIOVASCULAR systems review\_\_. Chest Pain\_\_. Palpitations\_\_. Shortness of Breath\_\_. .

ABD/Gastrointestinal: Negative abdominal/gastrointestinal review\_\_. Abdomen Pain\_\_. Constipation\_\_. Diarrhea\_\_. Heart Burn\_\_. Hematemesis\_\_. Hematochezia\_\_. Hernia\_\_. Melena\_\_. Nausea\_\_. Regurgitation\_\_. Bowel movement changes\_\_. Vomiting\_\_. .

GENT/Genitourinary: Negative genital/urinary/rectal/breast systems review\_\_. Breast Mass\_\_. Dysuria\_\_. Hematuria\_\_. Hemorrhoids\_\_. Nocturia\_\_. Pelvic Pain\_\_. Stool Incontinence\_\_. Urinary Incontinence\_\_. Urine Flow Slow\_\_. Urine Frequency\_\_. Urine Hesitancy\_\_. Urine Urgency\_\_. .

BJE/Musculoskeletal: Negative bones/joints/extremities/musculoskeletal systems review\_\_. Arthralgia\_\_. Back Pain\_\_. Heel Pain\_\_. Hip Pain\_\_. Joint Stiffness\_\_. Joint Swelling\_\_. Knee Pain\_\_. Leg Pain\_\_. Myalgia\_\_. .

SKIN/Integumentary: Negative skin systems review\_\_. Skin Lesions\_\_. Bruising\_\_. Diaphoresis\_\_. Dry Skin\_\_. Edema\_\_. Erythema\_\_. Hair Problems\_\_. Jaundice\_\_. Mole Changes\_\_. Nail Problems\_\_. Pressure Ulcers\_\_. Pruritus\_\_. Rash\_\_. Tears\_\_. Locations\_\_. Varicose Veins\_\_. Other Skin Lesions\_\_. Locations\_\_. .

NEURO: Negative neurological systems review\_\_. Balance\_\_. Confusion\_\_. Dizziness\_\_. Headache\_\_. Falls\_\_. Incoordination\_\_. Memory Loss\_\_. Paralysis\_\_. Paresthesias\_\_. Seizures\_\_. Speech Impairment\_\_. Syncope\_\_. Tremor\_\_. Insomnia\_\_. .

PSYCH: Negative psychiatric systems review\_\_. Agitation\_\_. Anxiety\_\_. Depressed\_\_. Hallucinations\_\_. Irritability\_\_.

**4. Review of Dementia-Related Symptoms**

Key: GeriRODRS

Review of Dementia-Related Symptoms

Interview caregiver.

Include severity of symptom to patient and distress that symptom causes caregiver

1. Delusions: Does the patient believe that others are stealing from him/her or planning to harm him/her in some way\_\_.
2. Hallucinations: Does the patient hearing voices or does he/she talk to people who are not there\_\_.
3. Agitation/Aggression: Is the patient stubborn or resistive of help from others\_\_.
4. Depression/Dysphoria: Does the patient act as if he/she were sad or in low spirits\_\_.
5. Anxiety: Does the patient become upset when separated from you\_\_. Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense\_\_.
6. Elation/Euphoria: Does the patient appear to feel too good or act excessively happy\_\_.
7. Apathy/Indifference: Does the patient seem less interested in his/her usual activities and in the activities and plans of others\_\_.
8. Disinhibition: Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings\_\_.
9. Irritability/Lability: Is the patient impatient and cranky\_\_. Does he/she have difficulty coping with delays or waiting for planned activities\_\_.
10. Motor Disturbance: Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other activities repeatedly\_\_.
11. Nighttime behaviors: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps\_\_.
12. Appetite: Has the patient lost or gained weight, or had a change in the type of food he/she likes\_\_.

**5. GERIATRIC SOCIAL HISTORY**

Key: GeriSocHx

SOCIAL HISTORY:

Current living situation \_\_.

Marital Status\_\_.

Primary Caregiver

Self\_\_. Spouse\_\_. Child\_\_. Neighbor\_\_. Personal Homemaker\_\_. Other\_\_.

Children\_\_.

Others in Support Group\_\_.

Educational level/health literacy\_\_.

Language\_\_.

Hobbies\_\_.

Activity/Exercise\_\_.

Spirituality\_\_.

Occupation/employment History\_\_.

Financial Status\_\_.

Insurance Type:Medicare supplement\_\_**.** Long term care insurance\_\_. Supplemental Security Income (SSI)\_\_. Referrer to SOCARE\_\_.

Emergency contact on file \_\_.

Services/Community Agencies involved in care

Home health\_\_. Homemaker/Companion\_\_. Hospitalization\_\_. Nursing Home\_\_. Counseling Services\_\_. Senior Center\_\_. Adult Day Care\_\_. Meals on Wheels\_\_. Senior Meal Site\_\_. Support Group\_\_. Physical therapy\_\_. Other\_\_.

Legal tools

Representative payee\_\_. Conservatorship\_\_. Trust\_\_. POA for Health Care\_\_. POA for Finances\_\_. Living will\_\_. Healthcare Proxy\_\_. Five Wishes\_\_. Other advanced directives\_\_. None\_\_.

Diet/Nutrition Status

Dietary Restrictions\_\_.

Premorbid Functional Status: GeriPreFunctS \_\_.

**6. Geriatric Family History**

Key: GeriFHx

Family History

There is a family history of:

Stroke \_\_.

CAD/MI \_\_.

Dementia \_\_.

Diabetes \_\_.

Parkinson's Disease \_\_.

Alzheimer's disease (proven by autopsy) \_\_.

Cholesterol (hyperlipidemia) \_\_.

Depression \_\_.

Alcohol Dependence \_\_.

Psychiatric Illness (specify which psychiatric disorders) \_\_.

Cancers \_\_.

Abuse \_\_.

**7. Geriatric Physical Exam**

Key: GeriPE

Physical Exam:

Vital Signs: Normal\_\_. Abnormal\_\_. Orthostatic changes\_\_. (refer to Vital Signs Chart)

General: General appearance\_\_. Level of consciousness\_\_. Orientation\_\_. Cooperation\_\_. Nutritional status\_\_. Hygene\_\_. Mobility\_\_. Assistive devices\_\_. IV/Lines\_\_. Catheters\_\_. Pain level score\_\_. Speech quality\_\_. Mood\_\_.

Skin: Rashes\_\_. Lesions\_\_. Color\_\_. Turgor\_\_. Scars\_\_. Nails\_\_. Hair\_\_. Tattoos\_\_.

Eyes: Visual aids\_\_. Inspection \_\_. Vision\_\_. Fundi exam\_\_. Cranial nerves 2\_\_ 3\_\_ 4\_\_ and 6\_\_.

Ears: Hearing aids\_\_. Inspection\_\_. Otoscopic exam\_\_. Cerumen\_\_. Whisper test\_\_. Finger rub test\_\_.

Mouth: Dentures\_\_. Inspection\_\_. Teeth\_\_. Gums\_\_. Mucosa\_\_. Tongue\_\_. Hydration\_\_. Hygene\_\_.

Head and Neck: Inspection\_\_. Skin\_\_. Thyroid\_\_. JVD\_\_. Range of motion\_\_. Carotid bruit \_\_. Lymph nodes\_\_. Pharynx\_\_.

Heart: PMI\_\_. Thrills\_\_. Rate\_\_. Rhythm\_\_, Murmur\_\_. Gallops \_\_. Pulses\_\_.

Lungs: Inspection \_\_. Percussion\_\_. Rales\_\_. Wheezes\_\_. Rhonchi\_\_.

Abdomen: Inspection\_\_. Bowel sounds\_\_. Percussion\_\_. Bruits\_\_. Tenderness\_\_. Liver\_\_. Spleen\_\_. Masses\_\_. Hernia \_\_.

G/U Female: External inspection: Mons pubis\_\_. Labia majora\_\_. Labia minora\_\_. Internal inspection: Vagina\_\_. Cervix\_\_.

Palpation: Uterus\_\_. Adnexa\_\_. Masses\_\_. Tenderness\_\_. Rectal exam\_\_. Breast exam\_\_.

G/U Male: Inspection: Penis\_\_. Urethra\_\_. Testes\_\_. Scrotum\_\_. Palpation: Penis\_\_. Urethra\_\_. Testes\_\_. Scrotum\_\_. Masses\_\_. Tenderness\_\_. Rectal exam\_\_. Prostate\_\_.

Musculoskeletal:

Extremities: Inspection: Amputations\_\_. Deformities\_\_. Color\_\_. Edema\_\_. Varicosities\_\_.

Palpation: Peripheral pulses \_\_.

Assistive devices\_\_. Station\_\_. Stability\_\_. Symmetry\_\_. Alignment\_\_.

Motor exam: Range of motion\_\_. Strength\_\_. Grasp\_\_. Tone\_\_. Crepitus\_\_. Defects\_\_. Tenderness\_\_. Masses\_\_. Fine motor skills\_\_.

Gait Assessment: getupngo\_\_.

Neurologic: Oriented to Date\_\_. Time\_\_. Place\_\_.

Cognition: Mental status: CAM\_\_. minicog\_\_. MMSE\_\_.

CN 2-12 \_\_. Sensory exam\_\_. Pain\_\_. Touch\_\_. Proprioception\_\_. Reflexes \_\_.

Balance\_\_. Romberg\_\_\_. Nudge\_\_.

Coordination\_\_. finger to nose testing \_\_. rapid alternating movements \_\_. Tremors\_\_. Abnormal movements\_\_.

Psychiatric: Mood\_\_. Affect\_\_. 2qm\_\_. PHQ9\_\_\_. Judgement\_\_. CAGE\_\_.

**8. FUNCTIONAL STATUS: IADL**

Key: IADL

Telephone Usage

Do not use at all \_\_.

Answer the phone but do not dial \_\_.

Dial a few well-known numbers \_\_.

Use telephone at own initiative \_\_.

No access to telephone \_\_.

Shopping

Unable to shop \_\_.

Needs to be accompanied to shop \_\_.

Shops independently for small purchases \_\_.

Shops independently \_\_.

Food Preparation

Need to have meals prepared and served \_\_.

Can prepare meals but do no maintain adequate diet \_\_.

Prepare adequate meals if ingredients are supplied \_\_.

Plan, prepare, and serve adequate meals \_\_.

Housekeeping

Unable to perform any housekeeping tasks \_\_.

Needs help with all home maintenance tasks \_\_.

Perform light tasks(dishwashing, bed making) \_\_.

Maintain house alone or with occasional assistance \_\_.

Transportation

No travel at all \_\_.

Travel on public transportation if accompanied \_\_.

Travel alone on public transportation \_\_.

Drive self \_\_.

Driven by friends/relatives or taxi \_\_.

Medications

Incapable of dispensing own medications \_\_.

Dispense own medication if prepared before in separate dosages \_\_.

Dispense own medications without assistance \_\_.

Take no medications/vitamins \_\_.

Finances

Do not manage own finances \_\_.

Manage only day-to-day purchases, need help with banking and check writing \_\_.

Manage financial matters independently \_\_.

**9. FUNCTIONAL STATUS: Basic Activities of Daily Living**

Key: ADL

Basic Activities of Daily Living

A. Toilet

Care for self at toilet completely; no incontinence\_\_.

Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents\_\_.

Soiling or wetting while asleep more than once a week\_\_.

Soiling or wetting while awake more than once a week\_\_.

No control of bowels or bladder\_\_.

B. Feeding

Eats without assistance\_\_.

Eats with minor assistance at meal times and/or with special preparation of food, or help in cleaning up after meals\_\_.

Feeds self with moderate assistance and is untidy\_\_.

Requires extensive assistance for all meals\_\_.

Does not feed self at all and resists efforts of others to feed him or her\_\_.

C. Dressing

Dresses, undresses, and selects clothes from own wardrobe\_\_.

Dresses and undresses self with minor assistance\_\_.

Needs moderate assistance in dressing and selection of clothes\_\_.

Needs major assistance in dressing but cooperates with efforts of others to help\_\_.

Completely unable to dress self and resists efforts of others to help\_\_.

D. Grooming (neatness, hair, nails, hands, face, clothing)

Always neatly dressed and well-groomed without assistance\_\_.

Grooms self adequately with occasional minor assistance, eg, with shaving\_\_.

Needs moderate and regular assistance or supervision with grooming\_\_.

Needs total grooming care but can remain well-groomed after help from others\_\_.

Actively negates all efforts of others to maintain grooming\_\_.

E. Physical Ambulation

Goes about grounds or city\_\_.

Ambulates within residence on or about one block distant\_\_.

Ambulates with assistance of (check one)  a) another person \_\_. b) railing\_\_. c) cane \_\_. d) walker\_\_.

e) wheelchair\_\_. 1). Gets in and out without help\_\_. 2). Needs help getting in and out \_\_.

Sits unsupported in chair or wheelchair but cannot propel self without help

Bedridden more than half the time\_\_.

F. Bathing

Bathes self (tub, shower, sponge bath) without help\_\_.

Bathes self with help getting in and out of tub\_\_.

Washes face and hands only but cannot bathe rest of body\_\_.

Does not wash self but is cooperative with those who bathe him or her\_\_.

Does not try to wash self and resists efforts to keep him or her clean\_\_.

**10. FUNCTIONAL STATUS: Advanced ADL**

Key: AADL

Advanced Activities of Daily Living

Walk up and down a flight of stairs\_\_. Walk one-half mile\_\_. Perform heavy work around the house\_\_.

**11. Get Up and Go Test**

Key: getupngo

Completes in <14 seconds\_\_.

Is the person steady and balanced when sitting upright \_\_.

Is the person able to rise without assistance of the arms \_\_.

Does the person start walking without hesitancy \_\_.

When walking, does each foot clear the floor well \_\_.

Is there step symmetry, with the steps equal length and regular \_\_.

Does the person take continuous, regular steps \_\_.

Does the person walk straight without a walking aid \_\_.

Is the person able to sit safely and judge distance correctly \_\_.

Optional:

Is the person able to stand with the arms folded \_\_.

When standing, is the person steady in narrow stance \_\_.

With eyes closed, does the person remain steady \_\_.

When nudged, does the person recover without difficulty \_\_.

Does the person stand with heels close together \_\_.

For a more thorough exam: POMA\_\_.

**12. Performance-Oriented Mobility Assessment (POMA)**

Key: POMA

Performance-Oriented Mobility Assessment

*Balance Assessment*

*Chair:*

*Instructions: Place a hard armless chair against a wall. The following maneuvers are tested* \_\_.

1. Sitting down

0 = unable without help or collapses (plops) into chair *or* lands off center of chair \_\_.

1 = able and does not meet criteria for 0 or 2 \_\_.

2 = sits in a smooth, safe motion *and* ends with buttocks against back of chair and thighs centered on chair \_\_.

2. Sitting balance

0 = unable to maintain position (marked slide forward or leans forward or to side) \_\_.

1 = leans in chair slightly or slight increased distance from buttocks to back of chair \_\_.

2 = steady, safe, upright \_\_.

3. Arising

0 = unable without help or loses balance or requires > three attempts \_\_.

1 = able but requires three attempts \_\_.

2 = able in £ two attempts \_\_.

4. Immediate standing balance (first 5 seconds)

0 = unsteady, marked staggering, moves feet, marked trunk sway or grabs object for support \_\_.

1 = steady but uses walker or cane or mild staggering but catches self without grabbing object \_\_.

2 = steady without walker or cane or other support \_\_.

Have patient stand \_\_.

*Gait Assessment:*

5a. Side-by-side standing balance

0 = unable *or* unsteady *or* holds £ 3 seconds \_\_.

1 = able *but* uses cane, walker, or other support *or* holds for 4–9 seconds \_\_.

2 = narrow stance without support for 10 seconds \_\_.

5b.Timing \_\_ - \_\_ seconds.

6. Pull test (person at maximum position attained in #5, examiner stands behind and exerts mild pull back at waist)

0 = begins to fall \_\_.

1 = takes more than two steps back \_\_.

2 = fewer than two steps backward and steady \_\_.

7a. Able to stand on right leg unsupported

0 = unable *or* holds onto any objects *or* able for < 3 seconds \_\_.

1 = able for 3 or 4 seconds \_\_.

2 = able for 5 seconds \_\_.

*Instructions: Person stands with examiner, walks down 10-ft walkway (measured). Ask the*

*person to walk down walkway, turn, and walk back. The person should use customary walking*

*aid* \_\_.

*Bare Floor:* (flat, even surface)

1. Type of surface:

1 = linoleum or tile \_\_. 2 = wood \_\_. 3 = cement or concrete \_\_. 4 = other \_\_.

[not included in scoring]

2. Initiation of gait (immediately after told to “go”)

0 = any hesitancy or multiple attempts to start \_\_.

1 = no hesitancy \_\_.

3. Path (estimated in relation to tape measure). Observe excursion of foot closest to tape measure over middle 8 feet of course.

0 = marked deviation \_\_.

1 = mild or moderate deviation *or* uses walking aid \_\_.

2 = straight without walking aid \_\_.

4. Missed step (trip or loss of balance)

0 = yes, and would have fallen and two or more missed steps \_\_.

1 = yes, but appropriate attempt to recover *and* no more than two missed steps \_\_.

2 = none \_\_.

5. Turning (while walking)

0 = almost falls \_\_.

1 = mild staggering, but catches self, uses walker or cane \_\_.

2 = steady, without walking aid \_\_.

6. Step over obstacles (to be assessed in a separate walk with two shoes placed on course 4 feet apart)

0 = begins to fall at any obstacle o*r* unable *or* walks around any obstacle *or*  two missed steps \_\_.

1 = able to step over all obstacles, but some staggering and catches self *or* one to two missed steps \_\_.

2 = able and steady at stepping over all four obstacles with no missed steps \_\_.

Interpretation of Score: 25-28 = low fall risk\_\_. 19-24 = medium fall risk\_\_. < 19 = high fall risk\_\_.

**13. Mini-cog**

Key: minicog

Clock correct\_\_. Names 3 items\_\_.

**14. Mini Mental Status Exam**

Key: MMSE

Mini Mental Status Exam

1. What is the: Year \_\_. Season \_\_. Date \_\_. Day \_\_. Month \_\_.

2. Where are we: State \_\_. County \_\_. Town \_\_. Hospital/Building \_\_. Floor \_\_.

3. Name 3 Objects: 1 second to say each. Then ask the patient to name all three.   
 Give 1 point for each correct answer.

0 \_\_. 1 \_\_. 2 \_\_. 3 \_\_.

4. Serial 7's: 1 point for each correct answer.

0\_\_. 1 \_\_. 2 \_\_. 3 \_\_. 4 \_\_. 5 \_\_.

5. Ask for 3 objects repeated above:

0 \_\_. 1 \_\_. 2 \_\_. 3 \_\_.

6. Hold up a pencil and a watch: Ask patient what each is; 1 point for each correct identification.

Pencil \_\_. Watch \_\_.

7. Successfully repeats "No ifs, ands, or buts" \_\_.

8. Follows this 3 stage command:

"Take a paper in your right hand, fold it in half, and put it on the floor"

0 \_\_. 1 \_\_. 2 \_\_. 3 \_\_.

9. Reads and obeys the following statement: "Close your eyes" \_\_.

10. Writes a sentence \_\_.

11. Copies design: \_\_.

Total Points out of 30 = \_\_. **(nl 26-30)**

**15. Confusion Assessment Measures**

Key: CAM

**Both** acute onset\_\_. and fluctuating course\_\_. **and** inattention\_\_. **and either** disorganized thinking\_\_. **or** altered level of consciousness\_\_.

**16. 2 Question Mood Screen**

Key: 2qm

During the past month,

have you often been bothered by feeling down, depressed or hopeless? \_\_.

have you often been bothered by little interest or pleasure in doing things? \_\_.

Scoring: if patient answers yes to one or both, continue with the GDS \_\_.

**17. Geriatric Depression Scale**

Key: GDS

Geriatric Depression Scale

Choose the best answer for how you felt over the past week.

Are you basically satisfied with your life? No\_\_.

Have you dropped many of your activities and interests? Yes\_\_.

Do you feel that your life is empty? Yes\_\_.

Do you often get bored? Yes\_\_.

Are you in good spirits most of the time? NO\_\_.

Are you afraid that something bad is going to happen to you? Yes\_\_.

Do you feel happy most of the time? No\_\_.

Do you often feel helpless? Yes\_\_.

Do you prefer to stay at home, rather than going out and doing new things? Yes\_\_.

Do you feel you have more problems with memory than most? Yes\_\_.

Do you think it is wonderful to be alive now? No\_\_.

Do you feel pretty worthless the way you are now? Yes\_\_.

Do you feel full of energy? No\_\_.

Do you feel that your situation is hopeless? Yes\_\_.

Do you think that most people are better off than you are? Yes\_\_.

Score 1 point for each + answer. Cut-off: normal 0–5; above 5 suggests depression.

**18. Patient Health Questionnaire 9**

Key: PHQ9

Patient Health Questionnaire - 9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

KEY: 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day

1. Little interest or pleasure in doing things. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

2. Feeling down, depressed, or hopeless. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

3. Trouble falling or staying asleep, or sleeping too much. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

4. Feeling tired or having little energy. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

5. Poor appetite or overeating. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

7. Trouble concentrating on things, such as reading the newspaper or watching television. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

9. Thoughts that you would be better off dead, or of hurting yourself in some way. 0\_\_. 1\_\_. 2\_\_. 3\_\_.

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all\_\_. Somewhat difficult\_\_. Very difficult\_\_\_. Extremely difficult\_\_\_.

Interpretation of Total Score

Total Score - Depression Severity

0–4 - None

5–9 - Mild depression

10–14 - Moderate depression

15–19 - Moderately severe depression

20–27 - Severe depression

**19. CAGE**

Key: CAGE

C Have you ever felt you should Cut down\_\_.

A Does others' criticism of your drinking Annoy you\_\_.

G Have you ever felt Guilty about drinking\_\_.

E Have you ever had an “Eye opener” to steady your nerves or get rid of a hangover\_\_.

Positive response to any suggests problem drinking\_\_.

**20. Geriatric Syndrome/Risks**

Key: GeriSyn

Geriatric Syndrome/Risks. This patient has (+) or \* **is at risk for**: Constipation \_\_. Deconditioning \_\_. Delirium \_\_. Depression\_\_. Dizziness\_\_. Drug misadventure \_\_. Falls \_\_.

Immobility \_\_. Incontinence \_\_. Malnutrition \_\_. Osteoporosis \_\_. Pneumonia \_\_. Pressure Ulcers \_\_. Sleep disorders\_\_. Syncope\_\_. Urinary Tract Infection \_\_.

**Key References**

Reuben, DB, et al. Geriatrics at Your Fingertips. 10th Edition. American Geriatric Society. New York. 2008.

**Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine, Sixth Edition.** Peter Pompei, MD, (Ed.). American Geriatric Society. New York. 2008.

Nebeker, JR, Hurdle, JF, and Bair, BD. Medical Informatics in Geriatrics. *J of Gerontology*. 58A(9), 2003.

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