Checklist for Interviewing and Screening Older Adults for Common Problems

Opening/Builds Relationship:
- □ Introduces him/herself by name
- □ Greets patients/shakes hand
- □ Asks patient’s preferred name
- □ Responds to patient’s emotions
- □ Arranges seating and calibrates loudness of voice to maximize communication
- □ Describes the purpose of the interview
- □ Does not interrupt opening statement

Gathers Data:
- □ Begins with an open ended question: “What do you feel interferes most with your day-to-day activities?”
- □ Elicit 7 cardinal features of problem or symptoms that interfere most with daily activities
- □ Elicit active and past medical problems
- □ Elicit past surgical history
- □ Collects detailed Medication history
- □ Asks names of medications, doses of medicines, reasons for use
- □ Asks about prescription medications, laxatives, vitamins, herbals, cold medications,
- □ Asks about any recent change in medication
- □ Allergies (reactions)
- □ Asks patient’s age
- □ Social History (living arrangements, work history, financial concerns, social/spiritual support)
- □ Family History (Alzheimer’s disease, depression, role as caregiver)

Geriatric Screening Questions:
- □ Are you having trouble with your memory?
- □ Have you fallen in the past year?
- □ Do you have trouble hearing?
- □ Do you have trouble with your vision? Do you wear glasses?
- □ Have you lost more than 10 lbs in the past 6 months?
- □ Do you feel sad or depressed?

Activities of Daily Living (ADLs)
- □ Toileting – Do you ever lose urine when you don’t want to? Do you have difficulty getting to the bathroom?
- □ Feeding – Do you have any difficulty feeding yourself? Are you able to feed yourself? Do you have a special diet?
- □ Dressing – Are you able to dress yourself? Do you have any difficulty with dressing?
- □ Grooming – Do you need assistance with cutting your nails, brushing your hair?
- □ Walking – How far are you able to walk?
- □ Bathing – Are you able to bathe yourself? Do you need assistance with bathing? Do you have a shower chair? Are you afraid to fall in the shower?

Instrumental Activities of Daily Living (IADLs)
- □ Telephone – Are you able to use the telephone. Who would you call if there was an emergency? Do you have a lifeline?
- □ Shopping – Do you do your own shopping? If not, who helps you?
- □ Food Preparation – Do you cook your own food? Do you have Meals on Wheels?
- □ Housekeeping – Are you able to do housework?
- □ Laundry – Are you able to do your laundry?
Transportation – Do you drive? How do you get to your doctor’s appointments? Do you rely on anyone for transportation?

Medication – How do you take your medication? Do you have a pill box? Does someone set up the medications for you? Are you having difficulty paying for your medications?

Finances – Do you pay your own bills? Does anyone help you with your finances?

MINI-COGNITIVE ASSESSMENT (Administration)

- Instruct patient to listen carefully to remember 3 (unrelated words e.g., red, broadway, 42), then repeat 3 words back to you (to be sure the patient heard them).
- Instruct the patient to draw the face of a clock (blank page or with circle already on it).
- After patient puts numbers on clock face, ask the patient to draw hands of clock to read 8:20. No further instructions to be given. If after 3 min, the clock draw test (CDT) is not finished, go to the next step.
- Ask the patient to repeat the 3 previously presented words.

Scoring

- 1 point for each recalled word after CDT; 0–3 for recall.
- 2 points for normal CDT (all numbers depicted once, in correct order and position, hands show requested time), 0 for abnormal CDT.
- Add recall and CDT scores to get Mini-Cog Score- 0-5.

Interpretation – 3 or more normal, 2 or less abnormal

Up and Go Test Check for patient’s comfort. Stand close by the patient to assist if the patient needs support!

- Asks patient to sit in an armless chair
- Instructs patient to stand without using hands, walk to a mark 10 feet away, turn, walk back to the chair, and sit again. (If patient is unable to get up without the use of their hands than allow the patient to use their hands.)
- Tells patient that she/he will be timed
- Times up and go test
- Closely observes (be prepared to describe each of the items below)
  - Body posture while seated
  - Initial stance, Stride length
  - Quality of turning, Spatial awareness when seated
- Scoring - This is a validated performance measure; time >9 seconds indicates a 2-fold fall risk in falls.

Closing:

- Asks about other concerns or questions
- Summarizes key points
- States appreciation
- Shakes hands