

September 2025

CNE on Care for the Elderly

Module 2: Comprehensive
Geriatric Assessment

Trainer Notes



Elderly Care in India

India is experiencing a demographic transition with a steadily growing elderly population. As per the India Ageing Report 2023, the proportion of people aged 60+ is projected to rise from 10.5% in 2022 to over 20% by 2050. By 2036, India is expected to have nearly 194 million elderly citizens, and by 2050, this number could cross 300 million. Life expectancy has improved significantly, but healthy life expectancy has not kept pace, leading to a higher prevalence of chronic illnesses and disability in later years.

Non-communicable diseases (NCDs) such as cardiovascular ailments, diabetes, cancer, and dementia dominate elderly morbidity patterns. While initiatives like the National Programme for Health Care of the Elderly (NPHCE) exist, geriatric services remain unevenly distributed, with rural areas facing acute shortages of trained personnel and infrastructure. Depression, loneliness, and cognitive decline are rising concerns, compounded by stigma and lack of accessible mental health services. Joint family systems are declining; more elderly are living alone or with only a spouse, increasing vulnerability. Reports indicate physical, emotional, and financial abuse, often underreported due to fear, dependence, or social norms.

Importance of Elderly Care in India

Older persons have the right to live with dignity, free from neglect and abuse, as recognised in the UN Principles for Older Persons and India's constitutional values. Respecting and caring for elders is deeply rooted in Indian cultural ethos, but requires systemic reinforcement in modern contexts.

Effective elderly care reduces the burden on tertiary healthcare by focusing on preventive, primary, and community-based interventions. Integrated care models can address multimorbidity, improve quality of life, and reduce healthcare costs. Healthy, active elders can contribute through mentorship, caregiving, and community leadership. Neglect of elderly care can lead to increased dependency ratios, economic strain on families, and higher public expenditure on crisis-driven interventions. Elderly care fosters stronger family and community bonds, transmitting values, skills, and cultural heritage to younger generations.

Role of Nurses in Elderly Care in India

Nurses, as the largest segment of the healthcare workforce, are uniquely positioned to address these challenges through holistic, person-centred care. Some of the strategic recommendations for effective engagement of nurses may include:

- Empowering nurses to manage elder care clinics for preventive and follow-up care.
- Training of nurses in all aspects of elderly care, including counselling, wellness and healthy aging.
- Positioning nurses as coordinators between doctors, physiotherapists, other care providers and families.

Nurses are the backbone of elderly care in India. This is not limited to only delivering clinical services but also safeguarding dignity, independence, and emotional well-being. With a targeted approach in training, policy support, and community-based models, nurses can lead a transformative shift towards dignified, inclusive, and sustainable elder care.

About the Course

This nine-module Continuing Nursing Education (CNE) course on Elderly Care is designed to empower nurses with the knowledge, confidence, and cultural sensitivity needed to support aging populations with dignity and grace. The content is drawn from a Needs assessment conducted on Care for the elderly currently available and provided in India. It addresses the felt needs and gaps of the elderly, staying alone or within families.

Each module offers interactive sessions, practical strategies and real-world scenarios that reflect the diverse realities of elder care in India and beyond. From managing chronic illness, addressing ageism, home care and safety and elderly abuse, to mental health to communication and healthy aging, the course builds a holistic foundation for compassionate caregiving.

Why complete all nine modules?

Because elder care is not one-size-fits-all. Each module adds a vital layer, whether it's understanding age-related changes, navigating family dynamics, or promoting psychological safety. Though stand-alone, each module has cross-cutting and overlapping content. Completing the full course ensures participants are not just informed, but truly equipped to lead with warmth, clarity, and professional excellence.

The modules provided are competitively priced and affordable to all. The sessions are tailored for the convenience of busy nurses, who can pick a date and time for attending, well in advance.

This INC accredited course of 9 modules will provide you with a 30 CNE credit hours. This certificate will add value to your capability and credentials and open up new opportunities for providing elderly care in the country and beyond.

Let's honour our elders by becoming the caregivers they deserve. Your full participation matters.

Dr S N Misra
Senior Technical Advisor
Health and Beyond Consultants

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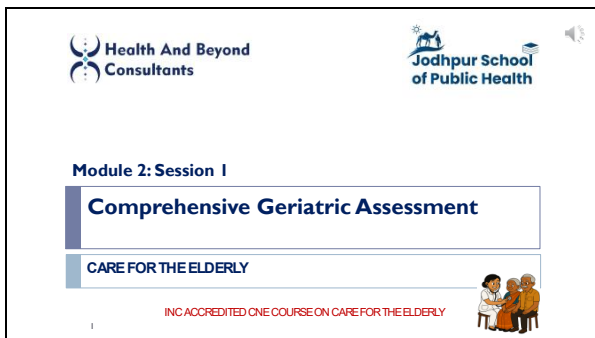
Trainer Instructions

1. **Understand the Curriculum and Objectives**
 - Review the all the 9 modules thoroughly. The modules cover all major aspects of Elderly care and overlapping content. Apart from the assigned modules, it's important to scan the other topics for a comprehensive knowledge on Care for the elderly
 - Align learning outcomes with national guidelines and participants' professional background.
2. **Use Adult Learning Principles**
 - All modules are designed for participatory learning. Encourage case discussions, group work, and peer sharing.
 - Respect learners' prior experience and invite real-world examples. (A profile of the enrolled students will be made available to you before the sessions.
3. **Emphasize Emotional Intelligence and Empathy**
 - Train your participants to recognize emotional cues in elderly patients.
 - Discuss psychological safety, grief, and dignity in care.
 - Use storytelling to humanize elder care challenges.
4. **Familiarise yourself with the Interactive Components in the modules**
 - Recap breaks and case scenarios and group activities are interspersed into the theory components. The content is a mix of recorded voice-over and additional trainer input requirements.
 - Use the interactive sessions effectively with the involvement of all participants. All participants will be assigned a Roll Number for convenience.
5. **Plan your availability for the sessions well in advance.**
 - A designated calendar is available for planning your training sessions. All trainers will be provided with individual login and access to the LMS for Training material access.
6. **Ground Rules during Session**
 - Get accustomed to the PPTs and Trainer instructions in each slide. Please pause, whenever there is a hand raised or any further clarifications required for any participant.
 - The sessions are timed as per the content. Please ensure that the sessions start and end on time (with minor extensions, when necessary).
 - IT support and technical trouble-shooting, will be provided for coordination during the session.
 - Emphasise the ground rules as laid down for participants and monitor for adherence for a smooth training session.

"Nursing is a progressive art such that to stand still is to go backwards"

-Florence Nightingale

Slide 1



Health And Beyond Consultants

Jodhpur School of Public Health

Module 2: Session I

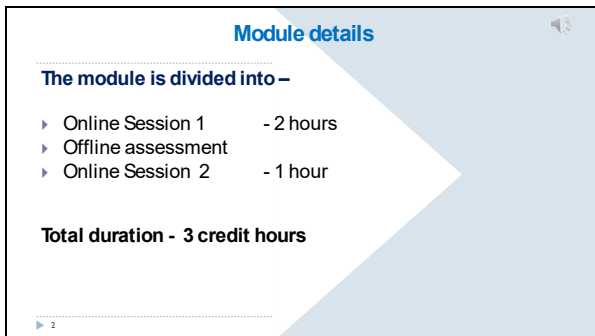
Comprehensive Geriatric Assessment

CARE FOR THE ELDERLY

INC ACCREDITED CNE COURSE ON CARE FOR THE ELDERLY

Welcome to the Continuing Nurse Education or CNE on Care for the elderly.
Module 2 today is on Comprehensive Geriatric assessment

Slide 2



Module details

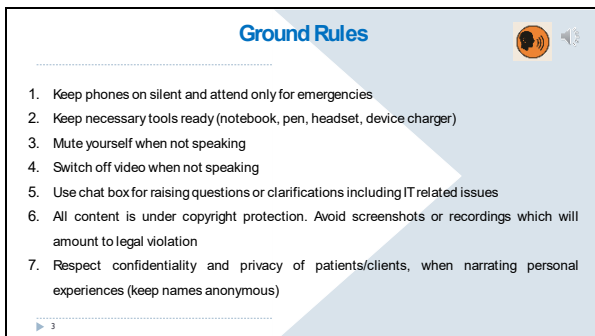
The module is divided into –

- ▶ Online Session 1 - 2 hours
- ▶ Offline assessment
- ▶ Online Session 2 - 1 hour

Total duration - 3 credit hours

The module is divided into an Online Session of 2 hours, followed by an offline assessment task and then the second online session starts which is of 1 hour duration.
The Total number of credit hours for this module is that of 3 hours.

Slide 3



Ground Rules

1. Keep phones on silent and attend only for emergencies
2. Keep necessary tools ready (notebook, pen, headset, device charger)
3. Mute yourself when not speaking
4. Switch off video when not speaking
5. Use chat box for raising questions or clarifications including IT related issues
6. All content is under copyright protection. Avoid screenshots or recordings which will amount to legal violation
7. Respect confidentiality and privacy of patients/clients, when narrating personal experiences (keep names anonymous)

Ground Rules
These are the ground rules for the sessions.
All are requested to adhere to these instructions for the smooth completion of this module.

Trainer Instructions:
Read out the 7 ground rules and pause for any clarifications

Slide 4

Setting the Stage: Introduction & Icebreaker

CNE PROGRAM FOR NURSES

WHAT IS THAT POSITIVE THOUGHT THAT ALWAYS LIFTS YOUR MOOD AND MAKES YOU HAPPY?

Spending time with family
I have lived a good life.
The beauty of nature

Think of that positive thought that always lifts your mood and makes you happy!!!

“It is not how much you do but how much love you put in the doing
– Mother Teresa

Setting the stage: Introduction and Ice breaker.

Trainer Notes:

Welcome all participants and introduce yourself as the Trainer and facilitator for this session.

Give a short description about yourself keeping elderly care in mind. (1 minute)

Mention the total number of participants in today's session.

Ask participants to think about of that positive thought that always lifts their mood and makes them happy Participants may write down their response in one word/sentence in the chat box

Now, we will start the session.

Time: 5 minutes

Slide 5

Learning objectives

By the end of this module, participants will be able to:

1. **Explain** the purpose and importance of Comprehensive Geriatric Assessment (CGA) in providing holistic care to older adults. (*Understanding*)
2. **Describe** the concepts of Intrinsic Capacity (IC) and Functional Ability (FA) and their relevance to healthy ageing. (*Understanding*)
3. **Summarize** the key principles of the WHO ICOPE (Integrated Care for Older People) approach. (*Understanding*)
4. **Apply** appropriate nursing tools to conduct structured CGA, covering physical, cognitive, psychological, social, and environmental domains. (*Applying*)
5. **Demonstrate** proficiency in identifying care needs through CGA and contribute to individualized care planning for older adults. (*Applying, Analyzing*)

Learning Objectives:

This course uses the Bloom's Taxonomy for defining SMART Learning objectives for all of its 9 modules.

Bloom's Taxonomy is a widely used educational framework that classifies learning into cognitive levels, from simple recall of facts to higher-order thinking like analysis, evaluation, and creation.

It was originally developed by Benjamin Bloom in 1956 and later revised to focus on *action* verbs that describe what learners should be able to *do* after a learning session.

Notice the action verbs used here are: Explain, Describe, Summarize, Apply and Demonstrate. These reflect your learning progression.

Reference:

Bloom, B. S. (Ed.). (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain.* New York, NY: David McKay Company.

McDonald, M. E. (2018). *The nurse educator's guide to assessing learning outcomes (4th ed.).* Burlington, MA: Jones & Bartlett Learning.

Slide 6

Why do older Adults need Comprehensive Assessment & Care?

Numerous physiological changes occur with age, resulting in risk of decline in physical and mental capacities (Intrinsic capacity)

They manifest as-

- ▶ Cognitive decline (memory loss, dementia)
- ▶ Limited mobility & balance issues —risk of falls
- ▶ Hearing & vision loss
- ▶ Depressive symptoms & Urinary incontinence

Comprehensive assessment

- ▶ Addresses these Multidimensional Needs
- ▶ Leads to tailored Interventions and individualized care plans

Numerous physiological changes occur in old age and the risks of experiencing declines in physical and mental capacities (intrinsic capacity) and having more than one condition (disease) increase.

They manifest as cognitive decline, limited mobility, hearing loss, malnutrition, vision impairment, depressive symptoms, urinary incontinence and falls. Cognitive decline refers to the gradual loss of thinking abilities, including memory, attention, reasoning, and problem-solving.

Comprehensive assessment

- Addresses these Multidimensional Needs
- Leads to tailored Interventions and individualized care plans

Slide 7

Limitations of Conventional Care

Conventional Care	What's Missing?
Disease-focused	Ignores overall wellbeing & function
Ageist attitudes in HCWs	Barriers to quality care
Limited interventions	Rarely address intrinsic capacity (IC)

- ▶ Need to adopt a comprehensive and holistic continuum of care
- ▶ Focusing on intrinsic capacity and functional ability
- ▶ Implies a multidisciplinary and multisectoral approach
- ▶ Promoting a more inclusive approach to the priorities of the older person

Ageist attitudes hinder care; CGA combats this by focusing on abilities and person-centeredness.

Limitations of Conventional care

Traditional healthcare models tend to be fragmented, focusing on disease treatment rather than holistic well-being

Conventional approaches for older people have focused on individual diseases, often in isolation, putting the diagnosis and management of these at the centre.

Negative attitudes toward ageing from health and care workers can hinder older adults' access to quality care.

There's a shortage of interventions aimed at optimising Intrinsic Capacity and Functional Ability for older adults.

The usual focus on “disease” prevents the prioritisation of more meaningful and comprehensive activities fostering capacities and abilities.

A shift to a comprehensive continuum of care is required. This is holistic and focuses on intrinsic capacity and functional ability besides diseases.

Integration of care implies a multidisciplinary and multisectoral approach, promoting a more inclusive approach to the priorities of the older person.

Reference:

WHO Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, second edition.2024

(The detailed version is available at:

<https://www.who.int/publications/i/item/9789240103726>)

Slide 8

Functional and Intrinsic Capacity: The foundations of Healthy Ageing

The goal of healthy ageing is **to help people develop and maintain the functional ability that enables wellbeing**

This requires a Holistic approach to **Comprehensive geriatric assessment (CGA)** that:

- ▶ focus on Intrinsic Capacity (IC) & Functional Ability (FA)
- ▶ Involves multidisciplinary & multisectoral teams
- ▶ Promotes inclusive, person-centred priorities
- ▶ Goal = Maintain independence, dignity, and quality of life.

Functional and Intrinsic Capacity: The foundations of Healthy Ageing

The 2015 World report on ageing and health defines the goal of healthy ageing as **“helping people to develop and maintain the functional ability that enables wellbeing”**.

This requires a Holistic approach to Comprehensive geriatric assessment (CGA) that:

- focus on Intrinsic Capacity (IC) & Functional Ability (FA)
- Involves multidisciplinary & multisectoral teams
- Promotes inclusive, person-centred priorities
- Goal = Maintain independence, dignity, and quality of life.

Reference:

WHO Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, second edition.2024 (The detailed version is available at: <https://www.who.int/publications/i/item/9789240103726>)

Slide 9

What is functional ability and intrinsic capacity

Functional ability (FA):

- ▶ Is health-related attributes that enable people to be and to do what they have reason to value”.
- ▶ Consists of the intrinsic capacity of the individual, the environment of the individual and the interactions between them

Intrinsic Capacity (IC):

- ▶ is the composite of all the physical and mental capacities that an individual can draw on
- ▶ Includes 5 domains: cognitive, locomotor, vitality, sensory (includes Vision and Hearing) and psychological domains

What is functional ability and intrinsic capacity ?

As per WHO, Functional ability is **“health-related attributes that enable people to be and to do what they have reason to value”**.

It consists of the intrinsic capacity of the individual, the environment of the individual and the interactions between them.

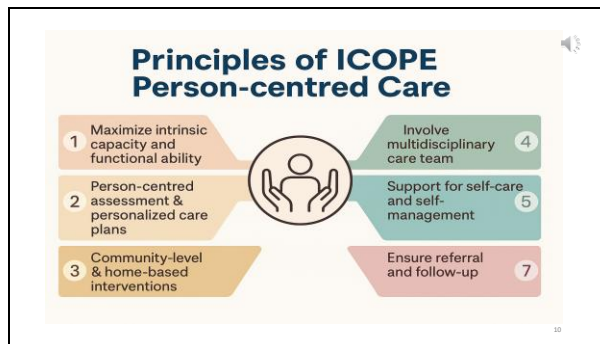
Environments comprise all the factors in the extrinsic world (home and home surroundings, community and broader society) that form the context of an individual’s life.

Intrinsic capacity is **“the composite of all the physical and mental capacities that an individual can draw on”** It includes **5 domains such as : cognitive, locomotor, vitality, sensory (includes Vision and Hearing) and psychological domains.**

Reference:

WHO Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care, second edition.2024 (The detailed version is available at: <https://www.who.int/publications/i/item/9789240103726>)

Slide 10



Integrated care for older people (ICOPE)

Integrated care for older people approach, referred to as ICOPE is WHO's approach to support the delivery of integrated care for older people within the context of a PHC-oriented health system. It aims to facilitate the reorientation of health and social services towards more person-centred and coordinated care that supports the optimization of intrinsic capacity and functional ability for older people.

ICOPE also addresses the issue of ageism by improving the competencies of health workers through care pathways health workers should follow in order to manage declines in intrinsic capacity across six domains – cognitive decline, limited mobility, malnutrition, vision impairment, hearing loss, depressive symptoms – as well as to support carers

Following are the principles of ICOPE that guide Health Care Providers in providing holistic and person-centred care to older people, ensuring their well-being and quality of life:

- **Maximise intrinsic capacity and functional ability:** The aim is not the treatment of "the disease" per se, but the optimisation of intrinsic capacity and functional ability.
- **Person-centred assessment and personalised care plans:** It's essential to involve the older person in decision making and goal setting, prioritising goals based on their values, needs and preferences. Only through such a comprehensive approach, it will be possible to develop and implement a person-centred care plan.
- **Community-level and home-based interventions:** Opportunities to engage communities in supporting care must be explored to guarantee acceptability, adherence, and sustainability. Multicomponent interventions should be designed to deliver care at home and in the community as much as possible to meet the person's preferences and values.
- **Involve multidisciplinary care team:** Assessment and management should involve a multidisciplinary team of health and social care workers. This implies the development of a professional

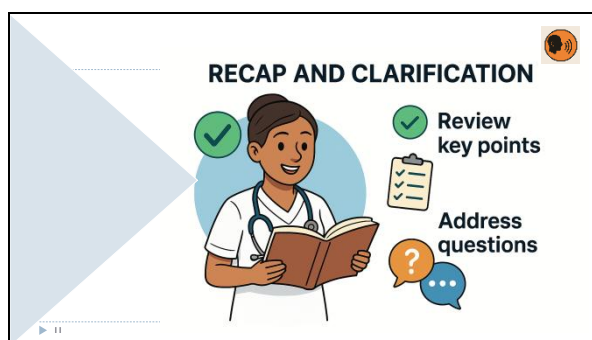
environment supporting teamwork and collaboration.

- **Support for self-care and self-management:** Support for self-care and self-management includes providing older people with information, skills and tools, respecting their autonomy and abilities to direct their own care.
- **Support caregivers:** It is important to provide essential information about the older person's health conditions, training to develop practical skills, and exploring opportunities across sectors in support of caregivers (also involving communities and neighborhoods).
- **Ensure referral and follow up:** Strong referral pathways to specialised care, such as geriatric care, acute care in case of unforeseen events, and palliative care, are crucial. Furthermore, regular follow-up is essential for early detection of changes in functional status.

Reference:

Integrated care for older people (ICOPE): Guidance for person-centred assessment and pathways in primary care- World Health Organization 2019
Image (Adapted) Source: Integrated care for older people (ICOPE): Guidance for person-centred assessment and pathways in primary care- World Health Organization 2019

Slide 11



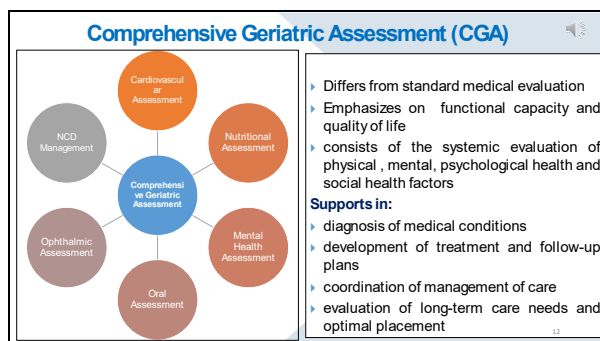
Trainer instructions

Pause and Recap, and ask participants for any clarifications.

Discuss the sample feedback from participants from the initial icebreaker session

Time: 8- 10 minutes

Slide 12



Comprehensive Geriatric Assessment (CGA) differs from a standard medical evaluation as it emphasizes on systemic evaluation of functional capacity and quality of life; physical, mental, psychological & social health factors of elderly population through a team of health professionals.

The geriatric assessment usually yields a complete and more relevant list of medical problems, functional problems, and psychosocial issues. This assessment aids in the diagnosis of medical conditions; development of treatment and follow-up plans; coordination of management of care; and evaluation of long-term care needs and optimal placement.

Reference:

Adapted from Training Manual on Elderly Care for Staff Nurse at Ayushman Bharat – Health and Wellness Centres (by National Health Systems Resource Centre)

Slide 13

Comprehensive Geriatric Assessment by Nurses

Nurses play a crucial role in assessing geriatric problems in

- › Evaluating an older adult's health, functional abilities, and psychosocial well-being.
- › Ensuring patients are allowed the time and assistance necessary to complete tasks within their appropriate level of functioning.

GERIATRIC ASSESSMENT

Comprehensive Geriatric Assessment by Nurses

Nurses play a crucial role in assessing geriatric problems, utilizing a comprehensive approach

- to evaluate an older adult's health, functional abilities, and psychosocial well-being and
- Ensure patients are allowed the time and assistance necessary to complete tasks within their appropriate level of functioning.

They employ various tools and techniques, including the Comprehensive Geriatric Assessment (CGA), to identify and address the unique needs of this population.

Trainer Instructions:

Ask participants if they have done any comprehensive assessment of older adults in their work area.

1-2 participants may be selected at random to mention about the tools used by them and their experience (2 minutes each)

Total time: 7 minutes

Slide 14

Comprehensive Geriatric Assessment Tool for Nurses

Comprehensive Geriatric Assessment Tool focuses on functional capacity and quality of life, consisting of 6 sections:

- ▶ Basic Details of patients
- ▶ History Taking
- ▶ Comprehensive screening
- ▶ Physical examination
- ▶ Syndromic specific toolkit for assessment of the problem identified in section 3
- ▶ Comprehensive Geriatric Assessment Report

Comprehensive Geriatric Assessment Tool

This consists of 6 sections, namely Basic Details of patients, History Taking, Comprehensive screening, Physical examination, Syndromic specific toolkit for assessment of the problem identified in section 3 and Comprehensive Geriatric Assessment Report.

Reference:

Training Manual on Elderly Care for Staff Nurse at Ayushman Bharat – Health and Wellness Centres (by National Health Systems Resource Centre)

Slide 15

Components of CGA

Section	Content under each section
Section 1: Basic Details	<ul style="list-style-type: none"> • Identification data of older adult
Section 2: History Taking	<ul style="list-style-type: none"> • Chief complaints with details of complaints • Past Medical history • Drug history • Consumption of addictive substances • Nutritional history • Family history • Social and spiritual assessment • Personal history • Home safety environment

Annexure

Components of CGA

Trainer Instructions:

Explain the 2 sections as points mentioned below

Time: 10 minutes

Section1:

Relevant information required for the identification of elderly who are assessed by using CGA are recorded under this section which also includes education, financial status of the elderly and family, health insurance benefits provided by government scheme.

Section II: History Taking

The Healthcare Provider updates this section with : **Chief complaints including detailed collection of complaints** concerning eye, ear, nose, throat, cardiovascular, gastrointestinal, genitourinary, skin, neurological, musculoskeletal, gynaecological.

Past Medical history

Information regarding duration of illness, current medication with dosage which is also verified through records including completion of treatment are updated under this section.

Drug history

Current medication history including over the counter medications history, drug side effects, medicines other than allopathy are collected and updated in this section.

Consumption of addictive substances

This part has the data regarding the type, duration and the extent of addiction by updating the quantity consumed on daily, weekly and monthly basis and duration since last consumption.

Nutritional history

This includes food intake declined and weight loss over past 3 months, mobility, psychological stress,

neurological problems, BMI, calf circumference which are to be categorized as malnourished, risk for malnourishment and normal nutritional status. A set of questions are administered to understand the eating pattern.

Family history

The Provider updates this section with the details of illness that the family members are undertaking treatment.

Social and spiritual assessment

Sociodemographic and Spiritual details including type of house, place of worships and information regarding meditation are updated in this section.

Personal history

Information regarding habits, frequency of exercise and care giver fatigue details are updated in this section

Home safety environment

This section focuses on assessment of the extent up to which the environment is safe for the elderly i.e. trouble with lighting or stairs inside and outside the house, condition of bathroom floor, ramp at home or elderly using wheelchair and walking aids, handrails in staircase and bathroom and the provision of care giver at home etc.

Refer to Annexure 1 and 2 for the details of Section 1 and 2.

Reference:

Training Manual on Elderly Care for Staff Nurse at Ayushman Bharat – Health and Wellness Centres (by National Health Systems Resource Centre)

Slide 16

Components of CGA	
Section	Content under each section
Section 3: Comprehensive Screening	<ul style="list-style-type: none"> Screening for geriatric syndromes Screen for other age-related problems Functional Assessment
Section 4: Physical Examination	<ul style="list-style-type: none"> General Examination Systemic Examination
Section 5: Specific Toolkit for assessment of the problems identified during Section 3	<ul style="list-style-type: none"> Memory Loss Screening for cognitive impairment Depression Incontinence Falls
Section 6: Comprehensive Geriatric Assessment Report	<ul style="list-style-type: none"> Summary of the assessment of all components

Annexure 16

Components of CGA

Trainer Instructions:

Explain the remaining sections as points mentioned below

Time: 10 minutes

Following the assessment of Section 1 and 2, a comprehensive assessment will be done by undertaking section 3 and 4 of CGA.

If required, the Provider will refer elderly individuals who need specialized management to the medical officer or specialist and will further undertake section 5 of CGA.

**Section 3: Comprehensive Screening
Screening for geriatric syndromes**

An elderly undergoes screening for depression, risk of falls, urinary incontinence and memory recall

Screen for other age-related problems

The HCP undertakes the screening with respect to vision, hearing, change in weight, constipation and insomnia.

Functional Assessment

An elderly will be assessed based on assessment tool on activities of daily living and categorizing into dependent and independent patients.

Section 4: Physical examination

The HCP undertakes physical examination including general examination, head to toe examination, systemic examination and current treatment details including drug history.

Section 5: Specific Toolkit for assessment of the problems identified during Section 3

The purpose is to conduct a detailed assessment of the geriatric syndromes and other problems detected during the initial screening

Memory Loss

Screening for cognitive impairment

Depression

Incontinence

Falls

Section 6: Comprehensive Geriatric Assessment Report

The report is a summary of the assessment of components of Section 2,3,4 and 5. The broad areas include :

Acute Illnesses, Co morbidities, Geriatric Syndromes, Other age-related problem, Social problems, Economic problems, Suggested Prescription modification and Advice/Care Plan

Refer to Annexure 3,4 and 5 for the details of Section 3,4,5 and 6.

Reference:

Training Manual on Elderly Care for Staff Nurse at Ayushman Bharat – Health and Wellness Centres (by National Health Systems Resource Centre)

Slide 17

Physical Exam Practice

Practicing Physical Examination

- ▶ Use head-to-toe checklist
- ▶ Practice vital signs, gait, mobility exam
- ▶ Document systemic findings

▶ 17

Trainer Instructions:

Open discussions with participants and sample participants may be asked to list and demonstrate their methods.

Time: 8-10 minutes

Slide 18

RECAP AND CLARIFICATION

Review key points

Address questions

▶ 18

Trainer instructions

Pause and Recap, and ask participants for any clarifications.

Time: 8- 10 minutes

Slide 19

End of Session 1

Assessment Task

- ▶ Assess an older adult in your setting (male or female, in your hospital, family or neighbourhood)
- ▶ Using the CGA tool, conduct a respectful, culturally sensitive assessment covering :
 - ▶ Sections 1 and
 - ▶ Any one of Section 2,3 or 4.

Submit your report with your name and ID to ...
(Exercise to be completed before Session 2)

▶ 19

Instructions & reflections

- ▶ Do take informed verbal consent of the elder person before doing the test (*Consent Form*)
- ▶ What gaps and challenges you faced in using the tool ?

Trainers Instructions:

Trainer may discuss this assessment to be carried out by all participants.

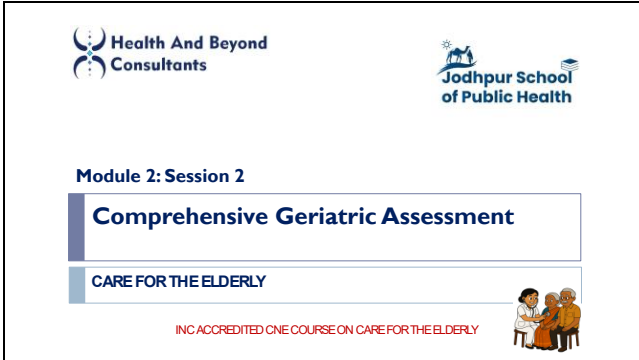
Consent form can be downloaded from the link in their Login page on the LMS (Informed verbal consent is sufficient).

This will be submitted by all before the start of the next session (a week later)

Time: 5 minutes

Session 2

Slide 1

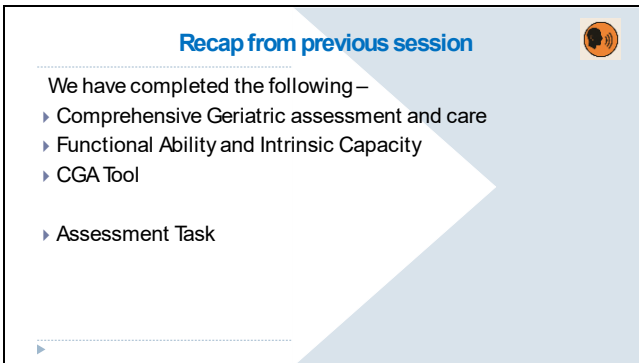


Session 2

Welcome to Session 2 of Module 2.

This session will be covered in 1 hour.

Slide 2



Trainers Instructions:

Topics from the previous session may be recapped and few questions on the topics may be asked for recall.

Assessment task - Feedback from a couple of participants about their experience.

Total duration: 7-8 minutes

Slide 3

CGA – Section 1

Assessore 1- Details of Section 1 of CGA- Identification data of elderly person

Basic Information Collected

- ▶ Demographic details (age, sex, education)
- ▶ Family & financial status
- ▶ Health insurance/Govt. benefits
- ▶ Living situation & support available

Provides context for care planning.

Sample Form

1. Name _____

2. Age (in Completed Years): _____

3. Sex 1. Male 2. Female 3. Other

4. Address/Contact: _____

5. Name/Relationship of Contact Person: _____

6. Marital Status:

1. Never Married 2. Currently Married 3. Divorced 4. Separated 5. Widowed

7. Who is head of the family?

1. myself 2. Wife 3. Daughter 4. Son 5. Daughter in law 6. Other _____

Trainer Instructions:

The individual sections may be discussed using a sample from the responses from Assessment task of Participants.

Section1:

Relevant information required for the identification of elderly who are assessed by using CGA are recorded under this section which also includes education, financial status of the elderly and family, health insurance benefits provided by government scheme.

Slide 4

CGA – Section 2

Assessore 2- Details of Section 2 of CGA- History Taking

Key Elements of History

- ▶ Chief complaints (eye, ear, cardiac, GI, GU, skin, neuro)
- ▶ Past medical & surgical history
- ▶ Medication use & side effects (including OTC & traditional remedies)
- ▶ Addictions (alcohol, tobacco, etc.)
- ▶ Nutrition: food intake, recent weight loss
- ▶ Social, spiritual & family history
- ▶ Lifestyle & caregiver stress
- ▶ Home environment & safety (lighting, ramps, handrails, bathrooms)

Sample Form

A. Chief Complaint

1. _____

2. _____

3. _____

4. _____

5. _____

B. Details of complaints:

81. Do you have any eye complaints? Yes/No

If yes, have you consulted any doctor for this problem? Yes/No

Do you use spectacles? Yes/No

Trainer Instructions:

The individual sections may be discussed using a sample from the responses from Assessment task of Participants.

Section2:

Key elements of history as listed in the slide will be included

Slide 5

CGA – Section 3

Assessore 3- Components of Section 3 of CGA- Comprehensive Screening

Screening Tools Used

- ▶ Cognitive decline/memory recall
- ▶ Depression
- ▶ Falls risk assessment
- ▶ Urinary incontinence
- ▶ Vision & hearing problems
- ▶ Weight loss/malnutrition
- ▶ Sleep & constipation
- ▶ Functional ability (ADLs: dependent vs independent)

Sample Form

A. Screening for Geriatric Syndromes

1. *Memory	3 Objects named	Yes	No	Click Draw Test
2. Depression (If yes to the question proceed to the Depression Management booklet at section 5d)	Are you often sad/ depressed?	Yes	No	
3. Falls (If yes to first question and not able to walk)	Fallen more than twice in last 1 year Able to walk	Yes	No	

Trainer Instructions:

The individual sections may be discussed using a sample from the responses from Assessment task of Participants.

This may also be skipped, if no sample forms available, since this requires a trained personnel or advanced training for nurses.

Section 3:

Key elements of screening as listed in the slide will be included

Slide 6

CGA – Section 4

Physical Examination Checklist

- ▶ General appearance
- ▶ Vital signs
- ▶ Head-to-toe exam
- ▶ Systemic exam (CVS, RS, GI, Neuro, MSK, Skin)
- ▶ Current treatment & drug history

Sample Form

Annexure 4- Components of Section 4 of CGA-Physical Examination

A: General Examination

1. Height: cm
2. Weight: kg
3. Waist circumference: C (cm)
4. Hip circumference: cm
5. Body mass index (BMI) (kg/m²):
6. Waist: Hip ratio (Formula = waist circumference/hip circumference)
7. Temperature (Normal: 98.6°F- 99.6°F)
8. Respiratory rate (Normal: 14-18 breaths/minute)
9. Pulse rate (Normal: 60-100 beats/minute)
10. Blood pressure (in sitting, standing and supine position) (Normal systolic/diastolic: 100-140/60-90 mm Hg)

Trainer Instructions:

The individual sections may be discussed using a sample from the responses from Assessment task of Participants.

Section 4:


Key elements of physical examination checklist as listed in the slide will be included

Slide 7

CGA – Section 5

Syndromic Toolkit
Focused Assessment of Geriatric Syndromes
Purpose is to conduct detailed assessment of problems detected in initial screening.

- ▶ Cognitive impairment —Memory testing
- ▶ Depression —Screening tools (e.g., GDS)
- ▶ Falls —Gait, balance, home safety check
- ▶ Incontinence
- ▶ Other detected problems —Detailed assessment + referral

 Refer to a specialist when needed; nurses support continuity of care.

Sample Form

Annexure 5- Components of Section 5 of CGA-Syndromic Toolkit for assessment of the problems identified during Section 3

Section 5	
Purpose	To conduct a detailed assessment of the geriatric syndromes and other problems detected during the initial screening <ul style="list-style-type: none"> 1. Memory Loss 2. Depression 3. Incontinence 4. Falls
Eligibility to conduct	Medical/Physio with nurse (physical therapist, social worker, pharmacist may contribute their sections)
Time taken	30 to 40 minutes

Section for Memory loss evaluation form.

Trainer Instructions:

The individual sections may be discussed using a sample from the responses from Assessment task of Participants.

This may also be skipped, if no sample forms available, since this requires a trained personnel or advanced training for nurses.

Section 5:

Key elements of Focused Assessment of Geriatric Syndromes as listed in the slide will be included.

The purpose is to conduct a detailed assessment of the geriatric syndromes and other problems detected during the initial screening

Refer to a specialist when needed; nurses support continuity of care.

Slide 8

CGA – Section 6

The CGA Report – Summary & Action Plan
Report covers:

- ▶ Acute illnesses & co-morbidities
- ▶ Geriatric syndromes (falls, dementia, depression, incontinence)
- ▶ Social & economic problems
- ▶ Suggested medication adjustments
- ▶ Individualized **care plan & referrals**

Sample Form

Measure 6- Components of Section 6 of CGA Comprehensive Assessment Report

Acute Issues	
Comorbidity	
Geriatric Syndromes	
Other age-related problem	
Total problems	

Trainer Instructions:

The individual sections may be discussed using a sample from the responses from Assessment task of Participants.

Section 6:


Key elements of summary report and action plan as listed in the slide will be included

Slide 9

Syndromic Assessment

Detailed Assessment Pathway

- ▶ Screening tool positive →
- ▶ Apply syndrome-specific toolkit →
- ▶ Decide: Manage at nursing level OR refer to specialist →
- ▶ Document in CGA Report



Trainer Instructions:

Open discussions on the process of assessment.

Time: 8-10 minutes

Slide 10

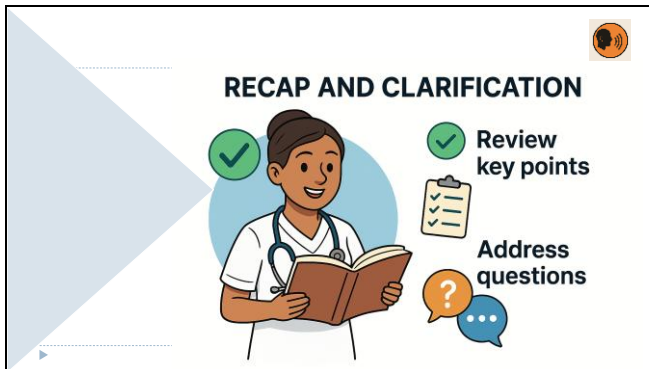
Key takeaways

- ▶ Healthy ageing = Maintaining functional ability
- ▶ Intrinsic Capacity (IC) –five domains (cognitive, locomotor, vitality, sensory, psychological)
- ▶ CGA = Holistic, team-based, person-centred assessment
- ▶ Supports diagnosis, treatment planning, referrals & follow-up
- ▶ Investing in older people = Investing in families & society <https://sdgs.un.org/>

Key takeaways

- Healthy ageing = Maintaining functional ability
- Intrinsic Capacity (IC) → five domains (cognitive, locomotor, vitality, sensory, psychological)
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- Supports diagnosis, treatment planning, referrals & follow-up
- Investing in older people = Investing in families & society <https://sdgs.un.org/>

Slide 11



RECAP AND CLARIFICATION

Review key points

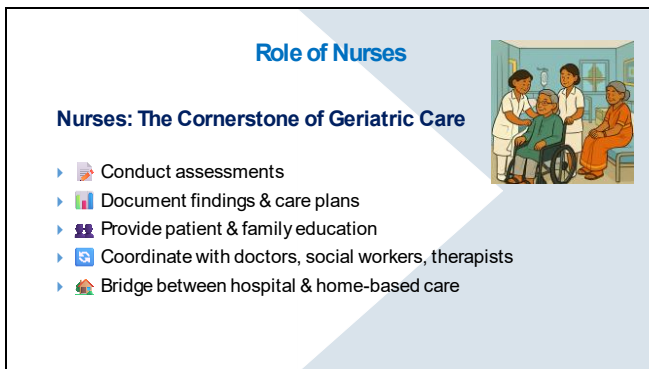
Address questions

Trainer instructions

Pause and Recap, and ask participants for any clarifications.

Time: 8- 10 minutes

Slide 12

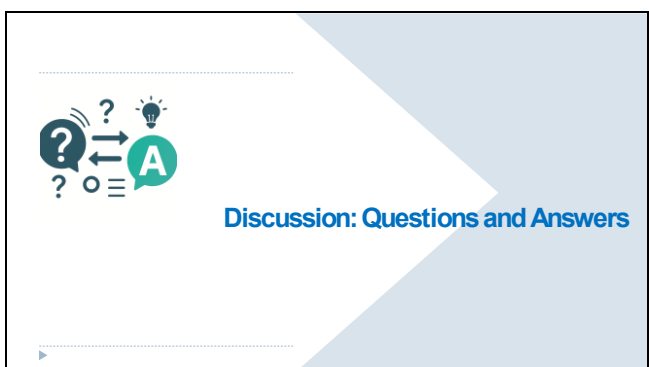


Role of Nurses

Nurses: The Cornerstone of Geriatric Care

- ▶ Conduct assessments
- ▶ Document findings & care plans
- ▶ Provide patient & family education
- ▶ Coordinate with doctors, social workers, therapists
- ▶ Bridge between hospital & home-based care

Slide 13



Discussion: Questions and Answers

Trainer Instructions:

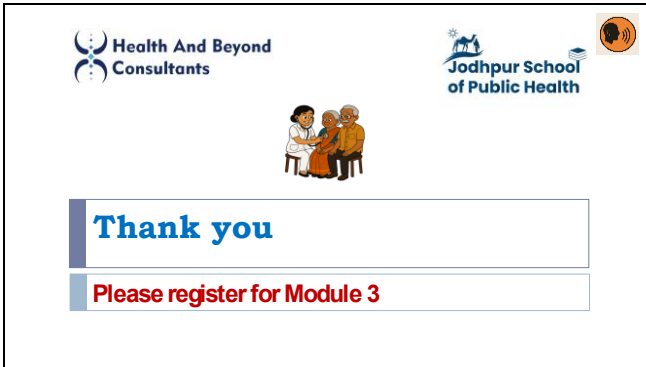
All questions put up in the chat box will be answered by the trainer and the experts.


Additional comments and observations may be discussed.


Personal experiences of experts may be shared


Time: 7-10 minutes


Slide 14



 Health And Beyond
Consultants

 Jodhpur School
of Public Health





Thank you

Please register for Module 3

Trainer Instructions:

Read out the following instructions and ask participants to register for Module 3

We come to the end of Module 2 on Comprehensive geriatric assessment.

Thank you for your participation.

Please provide your feedback on this module. Your feedback is important for improving the course for the future

Please complete your post test and self assessment fun exercise by logging in to LMS account

Please register for Module 3 which is on Management of Chronic conditions and illnesses

Annex 1

Consent Form Verbal Informed Consent

Introduce yourself keeping cultural sensitivities in mind. (Addressing elders with respect)

The following to be clearly and slowly read out to the Elderly, before any interaction.

Namaste. I am a participant in a Continuing Nursing Education program on Care for the Elderly. As part of our training exercise, I will be interacting with you and asking you a few questions on your health and care being provided. This might include few health measurements, like height, weight, Pulse, BP, Temperature etc. and about your health and lifestyle. No invasive procedures or assessments will be conducted.

Your participation in this exercise is completely voluntary. You may choose to opt out of any question or activity at any time or withdraw from this exercise.

The purpose of this interaction is for my learning as a nurse and better understanding the requirements for Elderly care. With these learnings, we will be better equipped to provide good and holistic care.

Any personal information shared by will be kept confidential.

You may withdraw from any activity if you feel uncomfortable.

Thank you

Annex 2

Comprehensive Geriatric Assessment Forms

Details of Section 1 of CGA- Identification data of elderly person

1. Name: _____
2. Age (In Completed Years): _____
3. Sex: 1. Male 2. Female 3. Others
4. Address/Contact:
5. Name/Relationship of Contact Person:
6. Marital Status:

1. Never Married	2. Currently Married	3. Divorced	4. Separated	5. Widowed

7. Who is Head of the family?

1. Myself	2. Wife	3. Daughter	4. Son	5. Daughter in law	6. Others _____

8. Education:

1. Illiterate	2. Just literate (knows to read and write but nil education)	3. Primary school (5th completed)	4. Middle school (8th completed)	5. High school (10th completed)	6. Senior secondary (12th completed)	7. Graduate	8. Post-graduate

9. Religion :
10. Occupation: 1. Not working; 2. Working (Specify)
11. What kind of locality is your house in? 1. Urban (Specify) _____ 2. Rural (Specify) ____
12. Type of Family: 1. Single 2. Nuclear 3. Joint 4. Elderly homes
13. Are you living with your spouse/children/relatives/alone? (Tick whichever is applicable)
14. Are you financially completely independent/partially dependent/completely dependent?
15. What is your perception about behavior of family members with you? Positive/Negative
16. Do you get pension from anywhere? Yes/No
17. Do you get monetary assistance from any other welfare scheme? Yes/No, if yes
 - a. Name the scheme/source:
18. Do you have any health insurance? Yes/No, if yes, name the source:
19. Have you received any monetary assistance from any NGOs/Religious Organization?
20. Do you know about any helpline number for elderly in your city? Yes/No

Details of Section 2 of CGA- History Taking

A. Chief Complaint

1.
2.
3.
4.

5.

B. Details of complaints:

B1. Do you have any eye complaints?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Do you use spectacles?		Yes/No
If Yes, mention the power of the lens. Right Eye: Left Eye:		
Eye Symptoms	Response	Duration
Diminished Vision (Near/Distant)	Yes/No	
Visual blurring/Double vision/Distorted vision (straight lines become crooked/magnified/diminished)	Yes/No	
Pain in the eye	Yes/No	
Itching/foreign body sensation in the eye/Burning/Stinging sensation	Yes/No	
Discharge from eyes	Yes/No	
Any Other, specify:		

B2. Do you have any complaints related to Ear-Nose-Throat?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
ENT Symptoms	Response	Duration
Earache	Yes/No	
Ear Discharge	Yes/No	
Hearing Loss	Yes/No	
Tinnitus (ringing, rushing or hissing sound in the absence of any external sound)	Yes/No	
Dizziness/Vertigo	Yes/No	
Hoarseness of voice (Sudden or Gradual)		
Nasal Discharge		
Any other, specify:		

B3. Do you have any complaints related to oro-dental condition?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Oro-dental Symptoms	Response	Duration
Bad Breath	Yes/No	
Visible pits or holes in the teeth/loose teeth	Yes/No	
Aggravation of pain with exposure to heat, cold or sweet foods and drinks	Yes/No	

Red swollen gums, tender and bleeding gums	Yes/No	
Ulcer/Sore in the mouth that does not heal/Red or white patches inside the mouth	Yes/No	
Difficulty in opening the mouth	Yes/No	
Pain while swallowing	Yes/No	
Any other, specify		

B4. Do you have any cardiac or respiratory symptoms?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Cardio-Respiratory Symptoms	Response	Duration
Breathlessness	Yes/No	
Cough Expectoration	Yes/No	
Presence of blood in cough	Yes/No	
Noise coming from chest (audible wheeze)	Yes/No	
Chest pain	Yes/No	
Any other, specify:		

B5. Do you have any Gastro-intestinal Symptoms		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Gastro-Intestinal Symptoms	Response	Duration
Difficulty in swallowing	Yes/No	
Heartburn	Yes/No	
Indigestion	Yes/No	
Constipation/Diarrhoea/Alteration of bowel pattern	Yes/No	
Abdominal pain/distension	Yes/No	
Bleeding during or after defecation		
Any other, specify:		

B6. Do you have any Genito-urinary complaints?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Genito-urinary Symptoms	Response	Duration
Pain in the lower part of the belly	Yes/No	
Pain or burning sensation while passing time	Yes/No	
Do you have to repeatedly visit washroom to pass urine?	Yes/No	
Difficulty in initiating urination	Yes/No	

Passing urine while coughing or sneezing	Yes/No	
Discharge from external genital region	Yes/No	
Any other, specify:		

B7. Do you have any skin related problems?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Skin related Symptoms	Response	Duration
Itching	Yes/No	
White/light coloured patches	Yes/No	
Dark/coloured patches	Yes/No	
Ulceration/Soreness/open wound	Yes/No	
Skin eruptions filled with fluid	Yes/No	
Any other, specify:		

B8. Do you have any complaints suggestive of neurological problem?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Neurological Symptoms	Response	Duration
Increased difficulty in remembering	Yes/No	
Headache	Yes/No	
Loss of awareness regarding time, place and person	Yes/No	
Loss of balance/falls/weakness	Yes/No	
Involuntary movements of parts of body-tremors/inability to control limbs	Yes/No	
Pain/altered sensation	Yes/No	
Any other, specify:		

B9. Do you have any complaints related to muscles, bones or joints?		Yes/No
If Yes, have you consulted any doctor for this problem?		Yes/No
Musculo-skeletal symptoms	Response	Duration
Pain or stiffness in muscles, joints or back	Yes/No	
Any swelling in joints?	Yes/No	
Difficulty in carrying out normal activities	Yes/No	
Difficulty in walking up and down stairs	Yes/No	
Any other, specify:		

Visual Analogue Scale

Choose a Number from 0 to 10 That Best Describes Your Pain

ASK PATIENTS ABOUT THEIR PAIN
INTENSITY - LOCATION - ONSET - DURATION - VARIATION - QUALITY

“Faces” Pain Rating Scale

0 NO HURT
1 HURTS LITTLE BIT
2 HURTS LITTLE MORE
3 HURTS EVEN MORE
4 HURTS WHOLE LOT
5 HURTS WORST

Tool Commonly used to Rate Pain

NOTE: Ask Females Only		Yes/No
B10. Do you have any gynecological symptoms?		
If Yes, have you consulted any doctor for this problem?		Yes/No
Gynecological Symptoms	Response	Duration
Bleeding per vagina	Yes/No	
Discharge per vagina	Yes/No	
Swelling/mass felt at the genital region	Yes/No	
Pain in the lower part of the belly	Yes/No	
Any history of surgical removal of womb (hysterectomy)?	Yes/No	
Have you ever been screened for:	Yes/No	
A) Breast Cancer/SBE/Mammogram		
B) Cervical Cancer/VIA-VILI/Colposcopy/PAP SMEAR		
Any other, specify:		

C. Past medical History

Is on treatment for	Duration of illness	Current medication & dosage	Verification of records	In case of treatment completion or stoppage, mention since how long
Diabetes Mellitus			Yes/No	
Hypertension			Yes/No	
Thyroid			Yes/No	

Disease				
Chronic Kidney Disease			Yes/No	
Tuberculosis			Yes/No	
Any other respiratory disease, specify.....			Yes/No	
Cardiac condition Specify.....			Yes/No	
Musculoskeletal condition Specify.....			Yes/No	
Neurological Condition Specify.....			Yes/No	
Psychiatric Disorder Specify.....			Yes/No	
Dental disorder Specify.....			Yes/No	
Any other condition Specify.....			Yes/No	
Has any vaccine taken during the past 5 years? Yes/No. If Yes, please specify:				
Vaccine..... Date received.....				
Vaccine..... Date received.....				
Vaccine..... Date received.....				
History of recent hospitalization (previous one year):				
Yes/No If yes, specify the reasons below:				

D. Drug History

S No.	QUESTION	RESPONSE (tick appropriate answer wherever applicable)
-------	----------	--

1	Are you taking any medication?	Yes/NO If Yes, No. Of medicines taken daily:
2	Are you taking any medications without consulting the doctor?	Yes/No If Yes, Nmae the condition for which medicine is being taken:
3	Are you suffering from any drug side effects?	Yes/No If Yes, please specify:
4	Are you taking any medicines other than allopathy?	Ayurveda/Homeopathy/Unani/ Any other/None
5	Do you use a pill organizer?	Yes/No

E. Consumption of additive substances

Additive Substances (tick 'Y' for yes and 'N' for no)	If yes, specify duration (in weeks or months or years)	Standard quantity	Quantity consumed (Fill any one)	If stopped, specify duration since last consumption
Tobacco				
Smokeless & chewable (Eg. gutka, khaini, paan masala, zarda, betel quid)	Y/N		No. Of packets	Per day... OR Per week...
				OR
				Per Month...
				OR
				Occasionally
Snuff	Y/N			Per day... OR Per week... OR Per Month... OR Occasionally
Smoking (Eg. Cigarette, beedi, cigar, hookah)	Y/N		No. Of pieces/ packets	Per day... OR Per week...
				OR

				Per Month...	
				OR	
				Occasionally	

Additive Substances (tick 'Y' for yes and 'N' for no)		If yes, specify duration (in weeks or months or years)	Standard quantity	Quantity consumed (Fill any one)	If stopped, specify duration since last consump tion
Alcohol	Y/N		One small peg= 30ml	Per day... OR Per week... OR Per Month... OR Occasionally	
Opioids ('Afeem' or 'Doda' or 'Amal')	Y/N			Per day... OR Per week... OR Per Month... OR Occasionally	
Sleeping pills	Y/N		No. of pills	Per day... OR Per week... OR Per Month... OR Occasionally	
Painkillers	Y/N		No. of pills	Per day... OR Per week... OR Per Month... OR	

				Occasionally	
Cannabis (Ganja/Bhang)	Y/N			Per day... OR Per week... OR Per Month... OR Occasionally	
Any other, specify:					

F. Nutritional History

Complete the screening by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening	
<p>A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?</p> <p>0 = severe decrease in food intake 1 = moderate decrease in food intake 2 = no decrease in food intake</p>	<input type="text"/>
<p>B Weight loss during the last 3 months</p> <p>0 = weight loss greater than 3 kg (6.6 lbs) 1 = does not know 2 = weight loss between 1 and 3 kg (2.2 and 6.6) 3 = no weight loss</p>	<input type="text"/>
<p>C Mobility</p> <p>0 = bed or chair bound 1 = able to get out of bed / chair but does not go out 2 = goes out</p>	<input type="text"/>
<p>D Has suffered psychological stress or acute disease in the past 3 month?</p> <p>0 = yes 2 = no</p>	<input type="text"/>

E Neuropsychological problems 0 = severe dementia or depression 1 = mild dementia 2 = no psychological problems		<input type="checkbox"/>
F1 Body Mass Index (BMI) (weight in kg) / (height in m)² 0 = BMI less than 19 1 = BMI 19 to less than 21 2 = BMI 21 to less than 23 3 = BMI 23 or greater		
IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2. DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.		
F2 Calf circumference (CC) in cm 0 = CC less than 31 3 = CC 31 or greater		<input type="checkbox"/>
Screening score (max. 14 points)		<input type="checkbox"/>
12-14 points:	<input type="checkbox"/> Normal nutritional status	<input type="checkbox"/>
8-11 points:	<input type="checkbox"/> At risk of malnutrition	
0-7 points:	<input type="checkbox"/> Malnourished	

Nutritional Diversity

Food item	Examples	Frequency of consumption (tick the appropriate answer)		Remarks
		Daily	weekly	
Cereals	Wheat, wheat flour (atta/ maida), rice (brown/white), rice flakes (chiwra), maize/ corn, barley, oats, suji, vermicelli (sevian), puffed rice, etc			
Millets	Bajra, Ragi, Jowar			

Pulses	Bengal gram (channa dal), Bengal gram flour (besan), green gram (moong dal), black gram (urad dal), arhar dal (tur dal) chickpea (white/black/green chana), sprouted pulses, legumes like rajma, lobia, soyabean and its products, etc.			
Vegetables and fruits	Green leafy vegetables - spinach, mustard leaves (sarson), fenugreek leaves, bathua, coriander leaves etc; Other vegetables - carrots, onion, brinjal, ladies finger, cucumber, cauliflower, tomato, capsicum, cabbage etc; **Starchy roots and tubers - potatoes, sweet potatoes, yam, colocasia and other root vegetables; Fruits - Mango, guava, papaya, orange, sweet lime, watermelon, lemon, grapes, amla, etc			
Milk	Milk, curd, skimmed milk, cheese, cottage cheese (paneer), etc			
Animal products	Meat, egg, fish, chicken, liver, etc.			
Oils, Fats, Sugar and Nuts	Oils and Fats - Butter, ghee, vegetable cooking oils like groundnut oil, mustard oil, coconut oil, etc; Sugars - Sugar, jaggery, honey; Nuts - peanuts, almonds, cashew nuts, pistachios, walnuts, etc.			

Ask the following questions:

- Number of meals taken per day/Veg/Non Veg, Frequency of Non Veg..
- Quantity of water/juice and other fluid consumed per day (in litres/in glasses)..
- History of loss of weight (e.g. Loosening of clothes) Yes/No

- d. If weight loss present, mention how much weight was lost in the past one month..
- e. History of reduced appetite: Yes/No (If yes, give reason)
- f. Difficulty in chewing food: Yes/No (If yes, give reason)
- g. Difficulty in swallowing food: Yes/No (If yes, give reason)
- h. Does the elderly person feed with some assistance: Yes/No
- i. Consumption of additional sources of salt (e.g. Pickle, chutney, papad, ready to eat food): Yes/No (If Yes, specify:
- j. Who prepares the food at home? (self/daughter/daughter in law/any other caregiver)

G. Family History:

Hypertension	Diabetes	Heart Disease	Dementia	Cancer

H a. Family support

Married:	Yes	No
Spouse living	Yes	No
Living with		
No of Children		
How often do you see them?		
Who assists you?		
Is the assistance sufficient?	Yes	No
Native Language		
Type of House	Independent	Apartment
Stairs	Present	Absent
Who would be able to help the senior citizen of your family in case of illness or emergency?		

H b. Social and Spiritual assessment

- Do you pray, worship or meditate at home or outside? Yes/No If yes, specify
- Do you participate in family or community gatherings? Yes/No If yes, specify
- Do you have any hobbies? Yes/No If yes, specify_

I. Personal History

- Do you exercise daily? Yes/ No
- If yes, minutes/day?

What type?

Smoker	Yes	No
	Duration	
Alcohol	Yes	No
	Duration	

Caregiver fatigue	Yes	No
--------------------------	------------	-----------

J. Home safety Environment

- Ask the senior citizen if he/she has trouble with lighting or with stairs inside or outside the house? Yes/No

Healthcare worker to assess the following:

Assessment	Observation (tick the appropriate answer)
Is the bathroom slippery and wet?	Yes/No/Not applicable
Is there any provision for a caregiver at home?	Yes/No/Not applicable
Is there any ramp at home for elderly using walking aids or wheelchairs?	Yes/No/Not applicable
Are there any handrails in the staircase and bathrooms?	Yes/No/Not applicable

Components of Section 3 of CGA-Comprehensive Screening

A. Screening for Geriatric Syndromes

1. *Memory	3 Objects named	Yes	No
2. Depression (if yes to the question proceed to the Depression Management toolkit at section 5c)	Are you often sad/ depressed?	Yes	No
3. Falls (if yes to first question and not able to walk around chair/if unsteady proceed to fall risk assessment toolkit at section 5d)	Fallen more than twice in last 1 year	Yes	No
	Able to walk around chair? (Check if unsteady)	Yes	No
4. Urinary Incontinence (if yes to any one of the above questions, proceed to toolkit on management of Urinary incontinence at section 5e)	Lost urine/got wet in past one year/ week?	Yes	No

*Memory Recall	One object	Two objects
----------------	------------	-------------

B. Screen for other age-related problems

Vision	Ask: "Do you have difficulty reading or doing any of your daily activities because of your eyesight?" (even with wearing glasses)	If, Yes, Test Vision using - Snellen's/ Finger Counting	Right eye	Left eye	If visual impairment present, refer to medical officer/specialist for further assessment
Hearing			Right ear	Left ear	If hearing impairment present, refer to medical officer/specialist for further assessment
6,1,9 test (Stand behind the patient and speak softly and then in normal voice - 6,1, 9 and check for hearing)	Normally				
	Softly				
Have you noticed a change in your weight over the past 6 months?	Yes	No	If YES, Increase= ----- kg or Decrease =--- kg		
Constipation		Yes	No	Refer to medical officer for further assessment	
Insomnia		Yes	No		

Section C: Functional Assessment: Assessment tool for Activity of Daily Living

Activities Points (0 or 1)	Independence (1 point) No supervision, direction or personal assistance	Dependence (0 point) WITH supervision, direction, personal assistance or total care
Bathing	(1 Point) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 Point) Needs help with bathing more than one part of the body, getting in or out
Dressing	(1 Point) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 Point) Needs help with dressing self or needs to be completely dressed.

Toileting	(1 Point) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help	(0 Point) Needs help transferring to the toilet, cleaning self or uses bedpan or commode
Transferring	(1 Point) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable	(0 Point) Needs help in moving from bed to chair or requires a complete transfer.
Continenence	(1 Point) Exercises complete self-control over urination and defecation	(0 Point) Is partially or totally incontinent of bowel or bladder.
Feeding	(1 Point) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 Point) Needs partial or total help with feeding or requires parenteral feeding

(Total Points = 6 = High (patient independent) 0 = Low (patient very dependent)

Components of Section 4 of CGA-Physical Examination

A: General Examination

1. Height: cm
2. Weight: kg
3. Waist circumference: C ITI
4. Hip circumference: cm
5. Body mass index (BMI) (kg/m²):
6. Waist hip ratio (formula is waist circumference/hip circumference):
7. Temperature (Normal: 98.6°F- 99.6°F)
8. Respiratory rate (Normal: 14-18 breaths/minute)
9. Pulse rate (Normal: 60-100 beats/minute)
10. Blood pressure (in sitting, standing and supine position) (Normal systolic/diastolic: 100- 140/60-90 mm Hg)

B. Head to toe Examination

Aspects to be examined	Findings (tick wherever applicable)
Level of consciousness	Alert-oriented-cooperative

Build	Thin/average/large
Stature	Small/average/tall
Nutrition	Undernourished/average/obese
Facial Appearance	Absence of wrinkling of forehead/deviation of angle mouth
Hair	Loss of hair Colour of hair-white/grey/brownish discolouration

C. Systemic Examination

Eyes	Drooping of eyelids Pallor Yellow discoloration (of sclera) Bitot's spots Cataract
Mouth	Dryness of lips Soreness in angle of mouth Dryness of tongue Ulcer in mouth/tongue Presence/absence of teeth/ Staining of Teeth Swelling/bleeding from gums Any growth seen in mouth Pallor/bluish discolorations (of tongue and lips)
Neck	Swelling
Chest	Abnormal shape of chest Fats breathing (respiratory rate, 20/minute)
Abdomen	Distension of abdomen Change in shape of abdomen
Hands and nails	Change in shape of nails, pallor (nails and palms)
Feet and toes	Bow legs/knocked knees/claw foot

Skin	Yellowish discoloration Dryness Any change in colour of skin Any growth on skin
Any obvious deformity (of skull, spine, limbs or swelling of abdomen/feet/face/entire body)	

C. Systemic Examination

	What to look for?	Description
Joints	<ol style="list-style-type: none"> 1. Redness 2. Swelling 3. Degree of movements 4. Increased local temperature 5. Tenderness 	
Cervical Spine	<ol style="list-style-type: none"> 1. Pain 2. Stiffness 3. Tenderness 	
Thoracic Spine	<ol style="list-style-type: none"> 1. Curvature 2. Scars 3. Discolorations 	

Lumbar spine RS	<ol style="list-style-type: none"> 1. Respiratory rate Respiratory rhythm Palpate the following: <ol style="list-style-type: none"> a. Size and shape of the thorax during respirations b. Intercostal spaces (for bulging or retractions) c. Any scars or other skin abnormalities (skin temperature as well) d. Tenderness or pain (palpate gently) e. Breath sounds (normal/abnormal-adventitious sounds) 	
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CVS	a. Chest Pain b. S1/S2 c. Murmurs d. Palpitation			
P/A	a. Shape b. Position of umbilicus c. Dilated veins			
Neurological examination				
			Right	Left
Muscle strength	Upper limb	Shoulder		
		Elbow		
		Wrist		
		Small muscles of hand		
	Lower limb	Hip		
		Knee		
		Ankle		
Tone	Rigidity/Hypotonia/Spasticity	Describe		
Balance	Normal/Abnormal	Sensory	Cerebellar	Vestibular
Gait				
Timed Up and Go test (secs)				

D. Current Treatment Details:

[Document all prescription and nonprescription drugs including over the counter medications and alternative medications]

Drug with dose and schedule		Drug with dose and schedule	
1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
Polypharmacy (any use of >4 drugs including over the counter drugs and alternative medicines)		YES	NO

Components of Section 5 of CGA-Syndrome specific Toolkit for assessment of the problems identified during Section 3

Section 5	
Purpose	To conduct a detailed assessment of the geriatric syndromes and other problems detected during the initial screening a. Memory Loss b. Depression c. Incontinence d. Falls
Eligibility to conduct	Medical Officer with nurse (physical therapist, social worker, pharmacist may contribute their sections)
Time taken	30 to 40 minutes

Section 5a: Memory loss evaluation form

Purpose	To evaluate for memory loss
Eligibility to conduct	Medical Officer
Time taken	5 to 15 minutes

- Assess history of the memory problem
 - _____
 - _____
- Obtain relevant psychiatric history

- _____
- _____
- Medication History: Observe if patient is on any benzodiazepines, sedative hypnotic medications, any recent change in medication or health status.
- _____

Family History: Tick all that are present

Dementia		Cardiovascular disease	
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Down's Syndrome
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	
<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>	

Symptoms (Tick positives):

Speech difficulty		Emotional change	
<input type="checkbox"/>	Delusions	<input type="checkbox"/>	Fall
<input type="checkbox"/>	Confusion	<input type="checkbox"/>	Injury
<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Balance problems
<input type="checkbox"/>	Hallucinations	<input type="checkbox"/>	Eating problems

List the main problems identified by the caregiver

1.

2.

3.

Section 5b: Screening for cognitive impairment – The GPCOG-General Practitioner Assessment of Cognition

What for?	Screening test for cognitive impairment
By whom?	Medical Officer

How long?	5 minutes
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Components of Section 6 of CGA-Comprehensive Assessment Report

Acute Illness	
Comorbidity	
Geriatric Syndromes	
Other age-related problem	
Social problems	
Economic problems	
Suggested Prescription modification	
Advice/Care Plan	