

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