

## Comprehensive Geriatric Assessment Forms

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

#### A. Screening for Geriatric Syndromes

1. *Memory	3 Objects named	Yes	No
<b>2. Depression</b> (if yes to the question proceed to the Depression Management toolkit at section 5c)	Are you often sad/ depressed?	Yes	<b>No</b>
<b>3. Falls</b> (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	<b>No</b>
	Able to walk around chair? (Check if unsteady)	Yes	<b>No</b>
<b>4. Urinary Incontinence</b> (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	<b>No</b>
<b>*Memory Recall</b>	<b>One object</b>	<b>Two objects</b>	

#### 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
<b>Hearing</b>			Right ear	Left ear	<b>If hearing impairment present, refer to medical officer/specialist for further assessment</b>
<b>6,1,9 test (Stand behind the patient and speak softly and then in normal voice - 6,1, 9 and check for hearing)</b>	Normally				
	Softly				

<b>Have you noticed a change in your weight over the past 6 months?</b>	Yes	No	<b>If YES, Increase= ----- kg or Decrease =--- kg</b>	
<b>Constipation</b>		Yes	No	<b>Refer to medical officer for further assessment</b>
Insomnia		Yes	No	

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

<b>Activities Points (0 or 1)</b>	<b>Independence (1 point) No supervision, direction or personal assistance</b>	<b>Dependence (0 point) WITH supervision, direction, personal assistance or total care</b>
<b>Bathing</b>	(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.	<b>(0 Point) Needs help with bathing more than one part of the body, getting in or out</b>
<b>Dressing</b>	(1 Point) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	<b>(0 Point) Needs help with dressing self or needs to be completely dressed.</b>
<b>Toileting</b>	(1 Point) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help	<b>(0 Point) Needs help transferring to the toilet, cleaning self or uses bedpan or commode</b>
<b>Transferring</b>	(1 Point) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable	<b>(0 Point) Needs help in moving from bed to chair or requires a complete transfer.</b>
<b>Continence</b>	(1 Point) Exercises complete self-control over urination and defecation	<b>(0 Point) Is partially or totally incontinent of bowel or bladder.</b>
<b>Feeding</b>	<b>(1 Point) Gets food from plate into mouth without help. Preparation of food may be done by another person.</b>	<b>(0 Point) Needs partial or total help with feeding or requires parenteral feeding</b>

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