

Surveys used for the TRUSTS and SERVICES as part of the
HoW-CGA study

Survey for Trust Level Information

Site name

Site Code

1. Does your trust provide acute inpatient care for older people with medical/surgical conditions? Yes ☐ No ☐
2. Are older people who are frail assessed by a geriatrician in the emergency department or other short stay clinical setting ("at the front door") prior to the decision to admit them to an acute inpatient bed? Yes ☐ No ☐
3. Does your trust provide a multidisciplinary assessment in acute care for older people who are frail in the following clinical areas?
(A separate survey for each service needs to be completed)
 - a. A&E Department Yes ☐ No ☐
 - b. Admission ward/short term assessment unit Yes ☐ No ☐
 - c. Hospital consultation service Yes ☐ No ☐
 - d. Inpatient medical ward(s) Yes ☐ No ☐
 - e. Inpatient surgical wards Yes ☐ No ☐
 - f. Oncology department Yes ☐ No ☐
 - g. Orthopaedic department Yes ☐ No ☐
 - h. Wards specialising in older people's medicine Yes ☐ No ☐
 - i. Stroke team Yes ☐ No ☐
 - j. Other (please specify) Yes ☐ No ☐
4. Does your trust work with or provide a community admission avoidance service? Yes ☐ No ☐
 - a. Is Your community based admission avoidance service provided by a consultant geriatrician? Yes ☐ No ☐
 - b. Is a geriatrician
 - a. Part of a team ☐
 - b. Available to team ☐
 - c. No involvement ☐
5. Do you work with or provide a post acute service?
 - a. Is the service bed based (inpatient) or home based (in the community)
 - a. Bed based (e.g. hospital or nursing home) ☐
 - b. Home based (the patient's own home) ☐
 - c. both ☐
 - b. Is the post acute care service provided by a consultant geriatrician Yes ☐ No ☐
 - c. What sort of practitioner has overall responsibility for the service?

Free text entry

SERVICE level questionnaire

Site name
Site Code
Casenum

Page 1

1 Population using the

1.1 Please confirm which service you are answering the survey for

1.2 Is the service based in Scotland

Yes ☐ No ☒

1.3 Name(s) and job title(s) of the person (people) completing this survey

1.4 How does your service identify patients who will receive multidisciplinary treatment?

a. Screening tool or standard triage method?

Yes ☐ No ☒

i. Please specify

b. Clinical assessment process (e.g. the judgement of a health care professional)?

Yes ☐ No ☒

i. Please specify

c. Does your service have a minimum age requirement?

Yes ☐ No ☒

i. If yes, please state age

d. Does your service have a maximum age requirement?

Yes ☐ No ☒

i. If yes, please state age

e. Does your service have admission criteria?

Yes ☐ No ☒

i. Please specify

e. Does your service have any exclusion criteria (e.g. specific diseases or clinical

Yes ☐ No ☒

i. Please specify

Site name
Site Code
Casenum
Service

Page 2

TEAM MEMBERS

2. Staff

What types of staff work in your team

2.1 Medicine

- | | | | |
|----------------------------------|--|--|--------------------------------------|
| a. Consultant Geriatricians | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| b. GP | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| c. Junior Doctors | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| d. Oncologists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| e. Other consultant specialist | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| f. Physician Associates | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| g. Physicians (non-geriatrician) | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| h. Staff grade doctors | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| i. Surgeons | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |

2.2 Nurses

- | | | | |
|---------------------------------|--|--|--------------------------------------|
| a. Advanced Nurse Practitioners | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| b. Nurse Specialists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| c. Nurses | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| d. Psychiatric Nurses | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |

2.3 Pharmacists

- | | | | |
|-------------------------|--|--|--------------------------------------|
| a. Pharmacists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| b. Pharmacy Technicians | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |

2.4 Psychology

- | | | | |
|------------------------------|--|--|--------------------------------------|
| a. Psychiatrist/Psychologist | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| b. Psychogeriatricians | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |

Site name

Site Code

Casenum

Service

Page 3

TEAM MEMBERS

2. Staff (continued)

What types of staff work in your team

2.5 Allied health professionals

- | | | | |
|----------------------------|--|--|--------------------------------------|
| a. Dieticians | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| b. Healthcare assistants | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| c. Occupational Therapists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| d. Physiotherapists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| e. Podiatrists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| f. Radiologists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| g. Sonographers | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| h. Speech Therapists | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| i. Therapy Assistants | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |

2.6 Non Clinical

- | | | | |
|--|--|--|--------------------------------------|
| a. Charitable organisations (e.g. AgeUK) | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| b. Religious or Faith support | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| c. Social Work Assistants | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| d. Social Workers | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
| e. Voluntary Sector | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |

2.7 Other

- | | | | |
|----------|--|--|--------------------------------------|
| a. Other | <input type="radio"/> Regular member of team | <input type="radio"/> Available to the team as | <input type="radio"/> No involvement |
|----------|--|--|--------------------------------------|

Site name
Site Code
Casenum
Service

CARE PROCESSES

Page 4

3. Care processes

3.1 Are patients in receipt of the service normally reviewed by a consultant

Yes ☐

No ☐

a. If yes please state how many times per week

5

3.2 Does your trust use a standardised clinical method, instrument or measuring scale

Yes ☐

No ☐

a. please select all that apply

- 1 ☐ Abbreviated CGA (eCGA)
 - 2 ☐ EASY-Care Two-step Older persons Screening (EASY-Care TOS)
 - 3 ☐ Edmonton Frailty Scale
 - 4 ☐ Frailty index
 - 5 ☐ Fried Frailty Criteria
 - 6 ☐ Geriatric 8
 - 7 ☐ GP assessment
 - 8 ☐ Groningen Frailty Indicator questionnaire
 - 9 ☐ ISAR (Identification of Seniors at Risk)
 - 10 ☐ Multiple medications (polypharmacy)
 - 11 ☐ PRISMA 7 Questionnaire
 - 12 ☐ Self-Reported Health
 - 13 ☐ Short Physical Performance Battery (SPPB)
 - 14 ☐ Timed up and go test
 - 15 ☐ Vulnerable Elders Survey-13 (VES-13)
 - 16 ☐ Walking speed (gait speed)
 - 17 ☐ Other
- Specify -

b. Are older people who are frail assessed by a geriatrician in the emergency department?

Yes ☐

No ☐

c. When is the assessment typically done (hours)

0-4
☐

5-12
☐

13-24
☐

25-48
☐

49-72
☐

73+
☐

Page 5

a.	Ambulance service				Yes <input type="radio"/>	No <input checked="" type="radio"/>
i.	When are referrals typically made (hours)					
	Before admission <input type="radio"/>	0-4 <input type="radio"/>	5-12 <input type="radio"/>	13-24 <input type="radio"/>	25-48 <input type="radio"/>	48-72 <input type="radio"/>
b.	A&E Dept				Yes <input type="radio"/>	No <input checked="" type="radio"/>
i.	When are referrals typically made (hours)					
	Before admission <input type="radio"/>	0-4 <input type="radio"/>	5-12 <input type="radio"/>	13-24 <input type="radio"/>	25-48 <input type="radio"/>	48-72 <input type="radio"/>
c.	Care Homes				Yes <input type="radio"/>	No <input checked="" type="radio"/>
i.	When are referrals typically made (hours)					
	Before admission <input type="radio"/>	0-4 <input type="radio"/>	5-12 <input type="radio"/>	13-24 <input type="radio"/>	25-48 <input type="radio"/>	48-72 <input type="radio"/>
d.	GP Service				Yes <input type="radio"/>	No <input checked="" type="radio"/>
i.	When are referrals typically made (hours)					
	Before admission <input type="radio"/>	0-4 <input type="radio"/>	5-12 <input type="radio"/>	13-24 <input type="radio"/>	25-48 <input type="radio"/>	48-72 <input type="radio"/>
e.	Self-referrals				Yes <input type="radio"/>	No <input checked="" type="radio"/>
i.	When are referrals typically made (hours)					
	Before admission <input type="radio"/>	0-4 <input type="radio"/>	5-12 <input type="radio"/>	13-24 <input type="radio"/>	25-48 <input type="radio"/>	48-72 <input type="radio"/>
f.	Staff in general medical unit				Yes <input type="radio"/>	No <input checked="" type="radio"/>
i.	When are referrals typically made (hours)					
	Before admission <input type="radio"/>	0-4 <input type="radio"/>	5-12 <input type="radio"/>	13-24 <input type="radio"/>	25-48 <input type="radio"/>	48-72 <input type="radio"/>
g.	Staff in short term assessment unit				Yes <input type="radio"/>	No <input checked="" type="radio"/>
i.	When are referrals typically made (hours)					
	Before admission <input type="radio"/>	0-4 <input type="radio"/>	5-12 <input type="radio"/>	13-24 <input type="radio"/>	25-48 <input type="radio"/>	48-72 <input type="radio"/>

Site name
Site Code
Casenum
Service

REFERRAL PROCESSES

Page 6

3.3 Who usually refers older people who are frail for inpatient multidisciplinary assessment in this service (continued..)

- h. Staff on surgical ward Yes ☐ No ☐
- i. When are referrals typically made (hours)
- | Before admission | 0-4 | 5-12 | 13-24 | 25-48 | 48-72 |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- i. Other 1 Yes ☐ No ☐
- Please specify
- When is the assessment typically done (hours)?
- | Before admission | 0-4 | 5-12 | 13-24 | 25-48 | 48-72 |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- i. Other 2 Yes ☐ No ☐
- Please specify
- i. When is the assessment typically done (hours)?
- | Before admission | 0-4 | 5-12 | 13-24 | 25-48 | 48-72 |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- i. Other 3 Yes ☐ No ☐
- Please specify
- i. When is the assessment typically done (hours)?
- | Before admission | 0-4 | 5-12 | 13-24 | 25-48 | 48-72 |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Site name
Site Code
Casenum
Service

ROUTINE ASSESSMENTS

Page 7

3.4 Do you routinely perform assessments of the following

- a. ADL Yes ☐ No ☐
- i. Do you use an assessment tool/scale?
- i. Katz ADL scale Yes ☐ No ☐
- ii. Lawton ADL scale Yes ☐ No ☐
- iii. Bristol activities of daily living scale Yes ☐ No ☐
- iv. Barthel index Yes ☐ No ☐
- v. Other Yes ☐ No ☐

Please specify

- b. Cognitive functioning Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. MMSE Yes ☐ No ☐
- ii. Standardised MMSE (SMMSE) Yes ☐ No ☐
- iii. Abbreviated Metnal Test (AMT) Yes ☐ No ☐
- iv. Six-item Screener (SIS) Yes ☐ No ☐
- v. Six-item cognitive impairment test (6CIT) Yes ☐ No ☐
- vi. Clock drawing test (CDT) Yes ☐ No ☐
- vii. Mini COG Yes ☐ No ☐
- viii. Addenbrookes cognitive exam (ACE) Yes ☐ No ☐
- ix. Montreal cognitive assessment (MOCA) Yes ☐ No ☐
- x. Other Yes ☐ No ☐

Please specify

- c. Continence Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. Urinary Self Assessment Yes ☐ No ☐
- ii. Bladder diary Yes ☐ No ☐
- iii. Functional assessment ☐ No ☐
- iv. Other Yes ☐ No ☐

Please specify

- d. Delirium Yes ☐ No ☐
- i. Do you use an assessment tool/scale?
- i. Delirium Screening Tool (4AT) Yes ☐ No ☐
- ii. Confusion Assessment Method (CAM) Yes ☐ No ☐
- iii. CAM for intensive care unit (CAM_ICU) Yes ☐ No ☐
- iv. Delirium Rating Scale revised (DRS-98) Yes ☐ No ☐
- iv. Other Yes ☐ No ☐

Please specify

Site name
Site Code
Casenum
Service

ROUTINE ASSESSMENTS
Continued....

Page 8

- e. Dementia Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. MMSE Yes ☐ No ☐
- ii. Abbreviated Mental Test (AMT) Yes ☐ No ☐
- iii. Modified Mini-Mental State Examination (3MS) Yes ☐ No ☐
- iv. The Cognitive Abilities Screening Instrument (CASI) Yes ☐ No ☐
- v. The Trail-making test Yes ☐ No ☐
- vi. The clock drawing test (CDT) Yes ☐ No ☐
- vii. Montreal cognitive assessment (MOCA) Yes ☐ No ☐
- iv. Other Yes ☐ No ☐

Please specify

- f. Depression Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. The Hospital Anxiety and Depression scale (HADS) Yes ☐ No ☐
- ii. Hamilton Depression Rating scale Yes ☐ No ☐
- iii. The Montgomery Asberg Depression Rating scale Yes ☐ No ☐
- iv. The Raskin Depression Rating Scale Yes ☐ No ☐
- v. The Beck Depression Inventory Yes ☐ No ☐
- vi. Geriatric Depression Scale Yes ☐ No ☐
- vii. The Zung Self-Rated Depression Scale Yes ☐ No ☐
- viii. The Patient Health Questionnaire Yes ☐ No ☐
- ix. Other Yes ☐ No ☐

Please specify

- g. End of life care Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. ELCQUA Yes ☐ No ☐
- ii. LCP Yes ☐ No ☐
- iii. Other Yes ☐ No ☐

Please specify

- h. Falls Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. Tinetti assessment tool Yes ☐ No ☐
- ii. Other Yes ☐ No ☐

Please specify

Site name
Site Code
Casenum
Service

ROUTINE ASSESSMENTS
Continued....

Page 9

i. Mobility Yes ☐ No ☐

i. Do you use an assessment tool/scale?

i. Elderly mobility scale Yes ☐ No ☐

ii. Get up and go tool Yes ☐ No ☐

ii. Other Yes ☐ No ☐

Please specify

j. Falls risk Yes ☐ No ☐

i. Do you use an assessment tool/scale?

i. Falls Risk Assessment Tool (FRAT) Yes ☐ No ☐

ii. Other Yes ☐ No ☐

Please specify

k. Medicines reconciliation Yes ☐ No ☐

i. Do you use an assessment tool/scale? Yes ☐ No ☐

i. STOPP/START criteria Yes ☐ No ☐

ii. Other Yes ☐ No ☐

Please specify

l. Nutrition Yes ☐ No ☐

i. Do you use an assessment tool/scale? Yes ☐ No ☐

i. The Mini Nutritional Assessment Yes ☐ No ☐

ii. Malnutrition Universal Screening Tool Yes ☐ No ☐

iii. Nutritional Risk Screening Mini Yes ☐ No ☐

iv. Short Nutritional Assessment questionnaire Yes ☐ No ☐

v. Malnutrition Screening Tool Yes ☐ No ☐

vi. The Subjective Global Assessment Yes ☐ No ☐

ii. Other Yes ☐ No ☐

Please specify

m. Hydration Yes ☐ No ☐

i. Do you use an assessment tool/scale?

i. The Hospital Hydration Best Practice Toolkit Yes ☐ No ☐

ii. Other Yes ☐ No ☐

Please specify

Site name
Site Code
Casenum
Service

ROUTINE ASSESSMENTS
Continued....

Page 10

- n. Pain Yes ☐ No ☐
- i. Do you use an assessment tool/scale?
- i. Visual analogue scale Yes ☐ No ☐
- ii. The McGill pain questionnaire Yes ☐ No ☐
- iii. Verbal numerical rating scale Yes ☐ No ☐
- iv. Verbal descriptor scale Yes ☐ No ☐
- v. Brief pain inventory Yes ☐ No ☐
- ii. Other Yes ☐ No ☐

Please specify

- o. Psychiatric needs Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. Geriatric Depression Score (GDS) Yes ☐ No ☐
- ii. The Hospital Anxiety and Depression scale (HADS) Yes ☐ No ☐
- iii. Psychiatric Diagnostic Screening questionnaire (PDSQ) Yes ☐ No ☐
- iv. The Beck Depression Inventory Yes ☐ No ☐
- v. The Brief Psychiatric Rating Scale Yes ☐ No ☐
- vi. Positive and Negative Syndrome Scale (PANSS) for Yes ☐ No ☐
- ii. Other Yes ☐ No ☐

Please specify

- p. Sensory loss Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. The Semmes-Weinstein monofilament (SWM) test Yes ☐ No ☐
- ii. Severe Dual Sensory Loss screening tool Yes ☐ No ☐
- iii. Screening for Visual Defect Yes ☐ No ☐
- ii. Other Yes ☐ No ☐

Please specify

- q. Skin integrity Yes ☐ No ☐
- i. Do you use an assessment tool/scale? Yes ☐ No ☐
- i. Braden scale Yes ☐ No ☐
- ii. Knoll scale Yes ☐ No ☐
- iii. Norton Scale Yes ☐ No ☐
- iv. Pressure Sore Prediction score Yes ☐ No ☐
- v. Waterlow Risk Assessment Yes ☐ No ☐
- vi. Pressure Ulcer Risk Assessment tool Yes ☐ No ☐
- vii. Other Yes ☐ No ☐

Please specify

Site name
Site Code
Casenum
Service

IDENTIFYING COMMON
FRAILITY-ASSOCIATED PROBLEMS

Page 11

3.5 Does your service have processes to identify the following

a. Functional decline	Yes <input type="radio"/>	No <input type="radio"/>
i. Blaylock Risk Assessment Screening Score	Yes <input type="radio"/>	No <input type="radio"/>
ii. Care Complex Prediction Instrument (COMPRI)	Yes <input type="radio"/>	No <input type="radio"/>
iii. Hospital Admission Risk Profile (HARP)	Yes <input type="radio"/>	No <input type="radio"/>
iv. Inouye	Yes <input type="radio"/>	No <input type="radio"/>
v. Identificatio of Seniors at Risk (ISAR)	Yes <input type="radio"/>	No <input type="radio"/>
vi. Score Hopitalier of Evaluation du Risque de Perte d'Autonomie (SHERPA)	Yes <input type="radio"/>	No <input type="radio"/>
vii. Tirage Risk Screening Tool	Yes <input type="radio"/>	No <input type="radio"/>
viii VIP	Yes <input type="radio"/>	No <input type="radio"/>
ix. Zurek	Yes <input type="radio"/>	No <input type="radio"/>
x. Other	Yes <input type="radio"/>	No <input type="radio"/>
Please specify		
b. Incontinence	Yes <input type="radio"/>	No <input type="radio"/>
i. USA	Yes <input type="radio"/>	No <input type="radio"/>
ii. BD	Yes <input type="radio"/>	No <input type="radio"/>
iii. FA	Yes <input type="radio"/>	No <input type="radio"/>
iv. Other	Yes <input type="radio"/>	No <input type="radio"/>
Please specify		
c. Delirium	Yes <input type="radio"/>	No <input type="radio"/>
i. Delirium Screening Tool (4AT)	Yes <input type="radio"/>	No <input type="radio"/>
ii. Confusion Assessment Method (CAM)	Yes <input type="radio"/>	No <input type="radio"/>
iii. CAM for intensive care (CAM-ICU)	Yes <input type="radio"/>	No <input type="radio"/>
iv. Delirium Rating Scale revised (DRS-R98)	Yes <input type="radio"/>	No <input type="radio"/>
iv. Other	Yes <input type="radio"/>	No <input type="radio"/>
Please specify		
d. Depression	Yes <input type="radio"/>	No <input type="radio"/>
i. The Hospital Anxiety and Depression Scale (HADS)	Yes <input type="radio"/>	No <input type="radio"/>
ii. Hamilton Depression Rating Scale	Yes <input type="radio"/>	No <input type="radio"/>
iii. The Montgomery Asberg Depression Rating	Yes <input type="radio"/>	No <input type="radio"/>
iv. The Raskin Depression Rating Scale	Yes <input type="radio"/>	No <input type="radio"/>
v. The Beck Depression Inventory	Yes <input type="radio"/>	No <input type="radio"/>
vi. Geriatric Depression Scale	Yes <input type="radio"/>	No <input type="radio"/>
vii. The Zung Self-Rated Depression Scale	Yes <input type="radio"/>	No <input type="radio"/>
viii The Patient Health Questionnaire	Yes <input type="radio"/>	No <input type="radio"/>
iv. Other	Yes <input type="radio"/>	No <input type="radio"/>
Please specify		

Site name
Site Code
Casenum
Service

IDENTIFYING COMMON Page 12
FRAILITY-ASSOCIATED PROBLEMS

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| e. Falls | Yes <input type="radio"/> | No <input type="radio"/> |
| i. Elderly mobility scale | Yes <input type="radio"/> | No <input type="radio"/> |
| ii. Get up and go tool | Yes <input type="radio"/> | No <input type="radio"/> |
| iii. Tinetti assessment method | Yes <input type="radio"/> | No <input type="radio"/> |
| iv. Timed up and go test | Yes <input type="radio"/> | No <input type="radio"/> |
| v. Falls risk assessment tool (FRAT) | Yes <input type="radio"/> | No <input type="radio"/> |
| iv. Other | Yes <input type="radio"/> | No <input type="radio"/> |

 Please specify

Site name
Site Code
Casenum
Service

3.6 Does your service have processes in place to identify deterioration in the following?

a. Physical functioning

Yes ☐

No ☐

i. Please specify

b. Continence

Yes ☐

No ☐

i. Please specify

c. Delirium

Yes ☐

No ☐

i. Please specify

d. Depression

Yes ☐

No ☐

i. Please specify

e. Falls

Yes ☐

No ☐

i. Please specify

f. Other

Yes ☐

No ☐

i. Please specify

