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

# Survey for Trust Level Information Site name

Site Code

	c.	What sort of practitioner has overall responsibility for the service?	Free text entry				
	b.	Is the post acute care service provided by a consultant geriatrician	Yes	0	No	0	_
		<ul> <li>a. Bed based (e.g. hospital or nursing home)</li> <li>b. Home based (the patient's own home)</li> <li>c. both</li> </ul>	000				
	a.	Is the service bed based (inpatient) or home based (in the community)					
5.	Do	c. No involvement you work with or provide a post acute service?	0				
	b.	ls a geriatrician  a. Part of a team b. Available to team	000				
	a.	Is Your community based admission avoidance service provided by a consultant geriatrician?	Yes	0	No	0	
4.		es your trust work with or provide a community admission avoidance vice?	Yes	0	No	0	
		<ul><li>i. Stroke team</li><li>j. Other (please specify)</li></ul>	Yes Yes	00	No No	0	
		h. Wards specialising in older people's medicine	Yes	ŏ	No	0	
		f. Oncology department g. Orthopaedic department	Yes Yes	0	No No	0	
		e. Inpatient surgical wards	Yes	0	No	0	
		d. Inpatient medical ward(s)	Yes	0	No	0	
		<ul> <li>b. Admission ward/short term assessment unit</li> <li>c. Hospital consultation service</li> </ul>	Yes Yes	00	No No	0	
		a. A&E Department	Yes	0	No	0	
3.	pec	es your trust provide a multidisciplinary assessment in aute care for older ople who are frail in the following clinical areas? separate survey for each service needs to be completed)	Yes	0	No	0	
2.	dep	older people who are frail assessed by a geriatrician in the emergency partment or other short stay clinical setting ("at the front door") prior to decision to admit them to an acute inpatient bed?	Yes	0	No	0	
1.		dical/surgical conditions?	Yes	0	No	0	

## SERVICE level questionnaire

Site name Site Code				Page 1
Casenum				
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 (	O No O	
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	0	No O	
i. Please sp	ecify			
b. Clinical assessment process (e.g. the judgement of a health care professional)?	Yes	0	No O	
i. Please sp	ecify			
c. Does your service have a minimum age requirement?	Yes	0	No <b>Q</b>	
i. If yes, please state	a age			
d. Does your service have a maximum age requirement?	Yes	O	No O	
i. If yes, please state	e age			
e. Does your service have admission crite	eria? Yes	0	No Q	
i. Please sp	ecify			
e. Does your service have any exclusion criteria (e.g. specific diseases or clinical	Yes	0	No <b>Q</b>	
i. Please sp	ecify			

Page 2

Site name Site Code Casenum Service

### TEAM MEMBERS

### 2. Staff

What types of staff work in your team

2.1 Me	edicine						
a.	Consultant Geriatricians	0	Regular member of team	0	Available to the team as	0	No involvement
b.	GP	0	Regular member of team	0	Available to the team as	0	No involvement
c.	Junior Doctors	0	Regular member of team	0	Available to the team as	0	No involvement
d.	Oncologists	0	Regular member of team	0	Available to the team as	0	No involvement
e.	Other consultant specialist	0	Regular member of team	0	Available to the team as	0	No involvement
f.	Physician Associates	0	Regular member of team	0	Available to the team as	0	No involvement
g.	Physicians (non-geriatrician)	0	Regular member of team	0	Available to the team as	0	No involvement
h.	Staff grade doctors	0	Regular member of team	0	Available to the team as	0	No involvement
i.	Surgeons	0	Regular member of team	0	Available to the team as	0	No involvement
2.2 Nu	irses						
a.	Advanced Nurse Practitioners	0	Regular member of team	0	Available to the team as	0	No involvement
b.	Nurse Specialists	0	Regular member of team	0	Available to the team as	0	No involvement
c.	Nurses	0	Regular member of team	0	Available to the team as	0	No involvement
d.	Psychiatric Nurses	0	Regular member of team	0	Available to the team as	0	No involvement
2.3 Ph	armacists						
a.	Pharmacists	0	Regular member of team	0	Available to the team as	0	No involvement
b.	Pharmacy Technicians	0	Regular member of team	0	Available to the team as	0	No involvement
2.4 Ps	ychology						
a.	Psychiatris/Psychologist	0	Regular member of team	0	Available to the team as	0	No involvement
b.	Psychogeriatricians	0	Regular member of team	0	Available to the team as	0	No involvement

Site name	Page 3
Site Code	
Casenum	TEAM MEMBERS

Casenum Service

#### 2. St

Wha

taff	(co	ntinued)						
at type	s of	staff work in your team						
2.5	Alli	ied health professionals						
	a.	Dieticians	0	Regular member of team	0	Available to the team as	0	No involvement
	b.	Healthcare assistants	0	Regular member of team	0	Available to the team as	0	No involvement
	c.	Occupational Therapists	0	Regular member of team	0	Available to the team as	0	No involvement
	d.	Physiotherapists	0	Regular member of team	0	Available to the team as	0	No involvement
	e.	Podiatrists	0	Regular member of team	0	Available to the team as	0	No involvement
	f.	Radiologists	0	Regular member of team	0	Available to the team as	0	No involvement
	g.	Sonographers	0	Regular member of team	0	Available to the team as	0	No involvement
	h.	Speech Therapists	0	Regular member of team	0	Available to the team as	0	No involvement
	i.	Therapy Assistants	0	Regular member of team	0	Available to the team as	0	No involvement
2.6	No	n Clinical						
	a.	Charitable organisations (e.g. AgeUK)	0	Regular member of team	0	Available to the team as	0	No involvement
	b.	Religious or Faith support	0	Regular member of team	0	Available to the team as	0	No involvement
	c.	Social Work Assistants	0	Regular member of team	0	Available to the team as	0	No involvement
	d.	Social Workers	0	Regular member of team	0	Available to the team as	0	No involvement
	e.	Voluntary Sector	0	Regular member of team	0	Available to the team as	0	No involvement
2.7	Otl	her						
	a.	Other	0	Regular member of team	0	Available to the team as	0	No involvement

Site name Site Code Casenum Service				CARE PROCES	SSES	Page 4
3. Care process	ses					
3.1 Are pa	tients in rec	eipt of the servi	ce normally reviewed by a	consultant		
				Y	'es O	No O
а.	If yes please	state how man	y times per week		5	
3.2 Does y	our trust us	e a standardised	l clinical method, instrume	ent or measuring s	scale	
				Υ	es O	No O
a.	pleas	se select all that	apply			
1,	0	Abbreviated CO	GA (eCGA)			
2			-step Older persons Scree	ning (EASY-Care T	OS)	
3		Edmonton Frail	ty Scale			
4		Frailty index				
5		Fried Fraitly Cri	teria			
6	0	Geriatric 8				
7		GP assessment				
8		(3)	ty Indicator questionnaire			
9			tion of Seniors at Risk)			
10		And the control of th	ations (polypharmacy)			
11		PRISMA 7 Ques				
12		Self-Reported F				
13			Performance Battery (SPPE	3)		
14		Timed up and g				
15			ers Survey-13 (VES-13)			
16		Walking speed	(gait speed)			
17	0	Other				
		Specify -				
b. Are old	der people v	vho are frail asse	essed by a geriatrician in th	ne emergency dep	partment?	
				Y	es O	No O
c. When	is the assess	sment typically o	lone (hours)			
	0-4	5-12	13-24	25-48	49-72	73+
	0	•	Q	•	•	•

Site name REFERRAL PROCESSES Page 5
Site Code

Casenum Service

 $^{3.3}$  Who usually refers older people who are frail for inpatient multidisciplinary assessment in this service

a.	Ambulance	e service			Yes O	No O
		referrals typical	lly made (hours)			
	Before admission	0-4	5-12	13-24	25-48	48-72
	O	0	0	0	0	0
b.	A&E Dept				Yes O	No O
		referrals typical	lly made (hours)			
	Before admission	0-4	5-12	13-24	25-48	48-72
	0	O	0	0	0	0
c.	Care Home				Yes O	No O
		referrals typical	lly made (hours)			
	Before admission	0-4	5-12	13-24	25-48	48-72
	0	0	0	0	O	0
d.	GP Service				Yes O	No O
		referrals typical	lly made (hours)			
	Before admission	0-4	5-12	13-24	25-48	48-72
	0	0	0	0	O	0
e.	Self-referra	als		Yes	0	No <b>Q</b>
		referrals typical	lly made (hours)			
	Before admission	0-4	5-12	13-24	25-48	48-72
	O	0	0	0	O	0
f.	Staff in ger	neral medical ui	nit		Yes O	No <b>Q</b>
		referrals typical	lly made (hours)			
	Before admission	0-4	5-12	13-24	25-48	48-72
	O	0	0	0	O	0
g.	Staff in sho	ort term assessr	ment unit		Yes O	No <b>O</b>
_	i. When are	referrals typical	lly made (hours)			
	Before admission	0-4	5-12	13-24	25-48	48-72
	O	0	O	0	0	0

Site name REFERRAL PROCESSES
Site Code
Casenum
Service

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

. Sta	ff on surgical ward			Yes O	No O
i. Wh	en are referrals typically	/ made (hours)			
Bef adn	ore 0-4 nission	5-12	13-24	25-48	48-72
0	0	O	0	0	0
i. Otł	ner 1			Yes O	No O
Ple	ase specify				
Wh	en is the assessment ty	oically done (hours)?			
Bef adn	ore 0-4 nission	5-12	13-24	25-48	48-72
0	0	0	0	0	0
i. Otł Ple	ner 2 ase specify			Yes O	No O
	en is the assessment ty	oically done (hours)?			
Bef adn	ore 0-4 nission	5-12	13-24	25-48	48-72
0	0	O	0	0	•
i. Otł	ner 3			Yes 🔾	No O
Ple	ase specify				
	en is the assessment ty	oically done (hours)?			
Bef adn	ore 0-4 nission	5-12	13-24	25-48	48-72
•	•	•	•	•	•

Page 6

Site name		ROUTINE ASSESSMENTS	Page 7
Site Code			
Casenum			
Service			
3.4	Do you routinely perform assessments of the follo	wing	
a. AD		Yes <b>O</b>	No <b>O</b>
		Yes O	NO O
I. D	Oo you use an assessment tool/scale?		
	i. Katz ADL scale	Yes O	No O
	ii. Lawton ADL scale	Yes <b>Q</b>	No O
	iii. Bristol activities of daily living scale	Yes O	No O
	iv. Barthel index v. Other	Yes <b>Q</b>	No O
	Please specify	Yes O	No O
	Flease specify		
b. Co	gnitive functioning	Yes <b>O</b>	No O
i. I	Do you use an assessment tool/scale?	Yes O	No O
	i. MMSE	Yes <b>Q</b>	No O
	ii. Standardised MMSE (SMMSE)	Yes O	No O
	iii. Abbreviated Metnal Test (AMT)	Yes O	No O
	iv. Six-item Screener (SIS)	Yes O	No O
	v. Six-item cognitive impairment test (6CIT)	Yes O	No O
	vi. Clock drawing test (CDT)	Yes O	No O
	vii. Mini COG	Yes O	No O
N	viii. Addenbrookes cognitive exam (ACE)	Yes <b>O</b>	No O
	ix. Montreal cognitive assessment (MOCA)	Yes O	No O
	x. Other	Yes O	No O
	Please specify		
c. Coi	ntinence	Yes <b>Q</b>	No <b>O</b>
i. D	o you use an assessment tool/scale?	Yes O	No O
	i. Urinary Self Assessment	Yes <b>Q</b>	No O
	ii. Bladder diary	Yes Q	No O
	iii. Functional assessment	0	No O
	iv. Other	Yes O	No O
	Please specify	.55	
d. De	lirium	Yes <b>Q</b>	No O
i. D	o you use an assessment tool/scale?		
	i. Delirium Screening Tool (4AT)	Yes O	No Q
	ii. Confusion Assessment Method (CAM)	Yes O	No O
	iii. CAM for intensive care unit (CAM_ICU)	Yes O	No O
	iv. Delirium Rating Scale revised (DRS-98)	Yes O	No O
	iv. Other	Yes O	No O
	Please specify		

e. Dementia Yes O No O i. Do you use an assessment tool/scale? Yes O No O ii. MMSE Yes O No O ii. Abbreviated Mental Test (AMT) Yes O No O iii. Modified Mini-Mental State Examination (3MS) Yes O No O iv. The Cognitive Abilities Screening Instrument (CASI) Yes O No O v. The Trail-making test Yes O No O v. The troil-making test Yes O No O vi. The clock drawing test (CDT) Yes O No O vii. Montreal cognitive assessment (MOCA) Yes O No O iv. Other Yes O No O Please specify  f. Depression i. The Hospital Anxiety and Depression scale (HADS) Yes O No O iii. The Hospital Anxiety and Depression Rating scale Yes O No O iii. The Montgomery Asberg Depression Rating scale Yes O No O vi. Geriatric Depression Rating Scale Yes O No O vi. Geriatric Depression Rating Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii The Sung Self-Rated Depression Scale Yes O No O viii The Sung Self-Rated Depressio	Site name	ROUTINE ASSESSMENTS	Page 8		
e. Dementia Yes O No O i. Do you use an assessment tool/scale? Yes O No O ii. MMSE Yes O No O ii. Abbreviated Mental Test (AMT) Yes O No O iii. Modified Mini-Mental State Examination (3MS) Yes O No O iv. The Cognitive Abilities Screening Instrument (CASI) Yes O No O v. The Trail-making test Yes O No O v. The troil-making test Yes O No O vi. The clock drawing test (CDT) Yes O No O vii. Montreal cognitive assessment (MOCA) Yes O No O iv. Other Yes O No O Please specify  f. Depression i. The Hospital Anxiety and Depression scale (HADS) Yes O No O iii. The Hospital Anxiety and Depression Rating scale Yes O No O iii. The Montgomery Asberg Depression Rating scale Yes O No O vi. Geriatric Depression Rating Scale Yes O No O vi. Geriatric Depression Rating Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O vii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Zung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii. The Sung Self-Rated Depression Scale Yes O No O viii The Sung Self-Rated Depression Scale Yes O No O viii The Sung Self-Rated Depressio	Site Code	Continued			
e. Dementia i. Do you use an assessment tool/scale? i. MMSE ii. Abbreviated Mental Test (AMT) iii. Modified Mini-Mental State Examination (3MS) iii. Modified Mini-Mental State Examination (3MS) iv. The Cognitive Abilities Screening Instrument (CASI) v. The Trail-making test vi. The Cognitive Abilities Screening Instrument (CASI) v. The Trail-making test vi. The cognitive Assessment (MOCA) vi. Montreal cognitive assessment (MOCA) vi. Other Please specify  f. Depression  f. Depression  f. Depression  f. Depression  f. The Hospital Anxiety and Depression scale (HADS) vi. The Back Depression Rating scale viii. The Montgomery Asberg Depression Rating scale viii. The Montgomery Asberg Depression Rating scale viii. The Back Depression Inventory vi. Geriatric Depression Inventory vi. Geriatric Depression Scale viii. The Zung Self-Rated Depression Scale viii. The Patient Health Questionnaire Please specify  g. End of life care i. Do you use an assessment tool/scale? i. ELCQUA ii. LCP ves O No O ii. Cherr Please specify  h. Falls  Yes O No O ii. Other Please specify  h. Falls  Yes O No O ii. Other Please specify  h. Falls  Yes O No O ii. Other Yes O No O iii. Other Yes O No O	Casenum				
i. Do you use an assessment tool/scale?  i. MMSE  ii. Abbreviated Mental Test (AMT)  iii. Modified Mini-Mental State Examination (3MS)  iv. The Cognitive Abilities Screening Instrument (CASI)  iv. The Cognitive Abilities Screening Instrument (CASI)  v. The Trail-making test  ves O No O  vi. The clock drawing test (CDT)  vii. Montreal cognitive assessment (MOCA)  vii. Montreal cognitive assessment (MOCA)  vi. Other  Please specify  f. Depression  f. Depression  ves O No O  ii. Do you use an assessment tool/scale?  ii. The Hospital Anxiety and Depression scale (HADS)  iii. Hamilton Depression Rating Scale  ves O No O  vi The Back Depression Rating Scale  ves O No O  vi. Geriatric Depression Scale  vii. The Buse peression Rating Scale  viii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  ves O No O  viii. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  i. ELCQUA  ii. LCP  ves O No O  ii. Cther  Please specify  h. Falls  Ves O No O  ii. Other  Yes O No O  iii. Other  Yes O No O	Service				
i. Do you use an assessment tool/scale?  i. MMSE  ii. Abbreviated Mental Test (AMT)  iii. Modified Mini-Mental State Examination (3MS)  iv. The Cognitive Abilities Screening Instrument (CASI)  iv. The Cognitive Abilities Screening Instrument (CASI)  v. The Trail-making test  ves O No O  vi. The clock drawing test (CDT)  vii. Montreal cognitive assessment (MOCA)  vii. Montreal cognitive assessment (MOCA)  vi. Other  Please specify  f. Depression  f. Depression  ves O No O  ii. Do you use an assessment tool/scale?  ii. The Hospital Anxiety and Depression scale (HADS)  iii. Hamilton Depression Rating Scale  ves O No O  vi The Back Depression Rating Scale  ves O No O  vi. Geriatric Depression Scale  vii. The Buse peression Rating Scale  viii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  ves O No O  viii. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  i. ELCQUA  ii. LCP  ves O No O  ii. Cther  Please specify  h. Falls  Ves O No O  ii. Other  Yes O No O  iii. Other  Yes O No O		8 H 1	× 0 -		
i, MMSE ii, Abbreviated Mental Test (AMT) iii, Modified Mini-Mental State Examination (3MS) iv, The Cognitive Abilities Screening Instrument (CASI) v, The Cognitive Abilities Screening Instrument (CASI) v, The Code drawing test (CDT) vi, The clock drawing test (CDT) vi, Montreal cognitive assessment (MOCA) vi, Other Please specify  f, Depression i, Do you use an assessment tool/scale? i, The Hospital Anxiety and Depression scale (HADS) ii, Hamilton Depression Rating scale ves ONO vi The Baskin Depression Rating Scale ves ONO vi, Geriatric Depression Inventory vi, Geriatric Depression Scale viii, The Zung Self-Rated Depression Scale viii, The Zung Self-Rated Depression Scale viii, The Patient Health Questionnaire vix, Other Please specify  g, End of life care i, Do you use an assessment tool/scale? i, ELCQUA iii, LCP iiii, Other Please specify  h, Falls ves ONO voluse an assessment tool/scale? i, Tinetti assessment tool/scale?	e. Dementia		No O		
ii. Abbreviated Mental Test (AMT)  iii. Modified Mini-Mental State Examination (3MS)  iv. The Cognitive Abilities Screening Instrument (CASI)  v. The Trail-making test  vi. The clock drawing test (CDT)  vii. Montreal cognitive assessment (MOCA)  iv. Other  Please specify  f. Depression  i. Do you use an assessment tool/scale?  ii. Hamilton Depression Rating scale  vi. The Baskin Depression Rating scale  vi. The Baskin Depression Rating Scale  vii. The Montgomery Asberg Depression Rating scale  vii. The Baskin Depression Rating Scale  vii. Geriatric Depression Inventory  vi. Geriatric Depression Scale  viii. The Patient Health Questionnaire  viii. The Patient Health Questionnaire  viii. The Patient Health Questionnaire  viii. Other  Please specify  please s	i. Do you use an assessment tool/scale?	Yes O	No O		
iii. Modified Mini-Mental State Examination (3MS)  iv. The Cognitive Abilities Screening Instrument (CASI)  v. The Trail-making test  vi. The clock drawing test (CDT)  vi. The clock drawing test (CDT)  vii. Montreal cognitive assessment (MOCA)  iv. Other  Please specify  f. Depression  i. Do you use an assessment tool/scale?  ii. The Hospital Anxiety and Depression scale (HADS)  iii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  v The Raskin Depression Rating Scale  v The Beck Depression Inventory  vi. Geriatric Depression Scale  vii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  ix. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  iii. CCP  iii. Other  Please specify  h. Falls  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool  viii. Other  Please specify  h. Falls  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool  viii. Other  ves O  No  No  No  No  ves O  No  ves			No O		
iv. The Cognitive Abilities Screening Instrument (CASI)  v. The Trail-making test  ves O No O  vi. The clock drawing test (CDT)  vii. Montreal cognitive assessment (MOCA)  iv. Other  Please specify  f. Depression  i. Do you use an assessment tool/scale?  i. The Hospital Anxiety and Depression scale (HADS)  ii. Hamilton Depression Rating scale  ves O No O  iii. The Montgomery Asberg Depression Rating scale  ves O No O  iv The Back Depression Inventory  vi. Geriatric Depression Scale  vii. The Patient Health Questionnaire  ves O No O  iii. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  i. ELCQUA  iii. LCP  res O No O  iii. Other  Please specify  h. Falls  ves O No O  iii. Other  Please specify  h. Falls  res O No O  iii. Do you use an assessment tool/scale?  i. Tinetti assessment tool scale?  i. Tinetti assessment tool scale? i. Tinetti assessment tool			100		
v. The Trail-making test vi. The clock drawing test (CDT) vi. The clock drawing test (CDT) vii. Montreal cognitive assessment (MOCA) vii. Montreal cognitive assessment (MOCA) viv. Other Please specify  f. Depression ves o No o vi. Do you use an assessment tool/scale? i. The Hospital Anxiety and Depression scale (HADS) vii. Hamilton Depression Rating scale ves o No o vii. The Montgomery Asberg Depression Rating scale ves o No o vi The Raskin Depression Rating Scale ves o No o vi. The Beck Depression Inventory vi. Geriatric Depression Scale ves o No o vii. The Zung Self-Rated Depression Scale ves o No o viii. The Patient Health Questionnaire ves o No o viii. The Patient Health Questionnaire ves o No o vii. Other Please specify  g. End of life care ves o No o vii. LCP ves o No o vii. LCP ves o No o vii. CP ves o No o vii. CP ves o No o viii. Other ves o No o viii. CP ves o No o viii. Other ves o No o viii. CP ves o No o	1/20 (PD)		No O		
vi. The clock drawing test (CDT) vii. Montreal cognitive assessment (MOCA) vi. Other Please specify  f. Depression i. Do you use an assessment tool/scale? i. The Hospital Anxiety and Depression scale (HADS) ii. Hamilton Depression Rating scale vi The Raskin Depression Rating scale vi The Raskin Depression Rating scale vi The Beck Depression Rating Scale vi The Beck Depression Inventory vi. Geriatric Depression Scale viii. The Vanisher Depression Scale viii. The Patient Health Questionnaire ves ONO viii. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? ves ONO viii. CP ves ONO viiii. CP ves ONO viiii. CP ves ONO viiii. CP ves ONO	2000000 NOTES NO		No O		
vii. Montreal cognitive assessment (MOCA) iv. Other Please specify  f. Depression i. Do you use an assessment tool/scale? i. The Hospital Anxiety and Depression scale (HADS) ii. Hamilton Depression Rating scale iii. The Montgomery Asberg Depression Rating scale ves O No O iv. The Raskin Depression Rating Scale vfas O No O v. The Beck Depression Inventory vi. Geriatric Depression Scale viii. The Patient Health Questionnaire viii. The Patient Health Questionnaire ves O No O ix. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? ii. ELCQUA viii. Other Please specify  h. Falls ves O No O viii. Other	5000 C	Yes O	No O		
iv. Other Please specify  f. Depression  i. Do you use an assessment tool/scale?  i. The Hospital Anxiety and Depression scale (HADS)  ii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  ives O No O  iver The Raskin Depression Rating Scale  ves O No O  ver The Baskin Depression Rating Scale  ves O No O  ver The Baskin Depression Rating Scale  ves O No O  ver The Baskin Depression Scale  ves O No O  ver The Baskin Depression Scale  ves O No O  vii. The Zung Self-Rated Depression Scale  ves O No O  viii. The Patient Health Questionnaire  ves O No O  viii. The Patient Health Questionnaire  ves O No O  ix. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  ves O No O  ii. LCP  ves O No O  viii. Other  Please specify  h. Falls  ves O No O  ii. Do you use an assessment tool/scale?  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool  ves O No O  No O  ii. Do you use an assessment tool/scale?  i. Tinetti assessment tool	vi. The clock drawing test (CDT)	Yes <b>O</b>	No O		
Flease specify  f. Depression  i. Do you use an assessment tool/scale?  i. The Hospital Anxiety and Depression scale (HADS)  ii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  iv The Raskin Depression Rating Scale  ves O No O  vi The Raskin Depression Rating Scale  ves O No O  v The Beck Depression Inventory  vi. Geriatric Depression Scale  viii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  ves O No O  viii. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  ves O No O  iii. CCP  ves O No O  viii. CCP  ves O No O	vii. Montreal cognitive assessment (MOCA)		No O		
f. Depression  i. Do you use an assessment tool/scale?  i. The Hospital Anxiety and Depression scale (HADS)  ii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  iv The Raskin Depression Rating Scale  ves O No O  iv The Raskin Depression Rating Scale  ves O No O  v The Beck Depression Inventory  vi. Geriatric Depression Scale  vii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  ves O No O  viii. The Patient Health Questionnaire  ves O No O  ix. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  ii. LCP  ves O No O  iii. UCP  ves O No O  iii. Other  Please specify  h. Falls  Yes O No O  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool/scale?  i. Tinetti assessment tool/scale?  i. Tinetti assessment tool	iv. Other	Yes O	No O		
i. Do you use an assessment tool/scale?  i. The Hospital Anxiety and Depression scale (HADS)  ii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  iv The Raskin Depression Rating Scale  v The Raskin Depression Rating Scale  v The Beck Depression Inventory  vi. Geriatric Depression Scale  vii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  v Yes O  No O  viii. The Patient Health Questionnaire  v Yes O  No O  ix. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  ii. LCP  viii. Other  Please specify  h. Falls  ves O  No O  ii. Other  Yes O  No O  iii. Other  Yes O  No O  No O  iii. Other  Yes O  No O  No O  iii. Other  Yes O  No O	Please specify				
i. Do you use an assessment tool/scale?  i. The Hospital Anxiety and Depression scale (HADS)  ii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  iv The Raskin Depression Rating Scale  v The Raskin Depression Rating Scale  v The Beck Depression Inventory  vi. Geriatric Depression Scale  vii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  v Yes O  No O  viii. The Patient Health Questionnaire  v Yes O  No O  ix. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  ii. LCP  viii. Other  Please specify  h. Falls  ves O  No O  ii. Other  Yes O  No O  iii. Other  Yes O  No O  No O  iii. Other  Yes O  No O  No O  iii. Other  Yes O  No O					
i. The Hospital Anxiety and Depression scale (HADS)  ii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  iv The Raskin Depression Rating Scale  v The Back Depression Inventory  vi. Geriatric Depression Scale  viii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  ix. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  iii. LCP  viii. Other  Please specify  h. Falls  ves O  No O  ii. Do you use an assessment tool/scale?  i. Tinetti assessment tool  ii. Do you use an assessment tool/scale?  i. Tinetti assessment tool  viii. Other  Yes O  No O	f. Depression	Yes <b>O</b>	No O		
ii. Hamilton Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  iii. The Montgomery Asberg Depression Rating scale  iv The Raskin Depression Rating Scale  v The Beck Depression Inventory  vi. Geriatric Depression Scale  vii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  viii. The Patient Health Questionnaire  ves O No O  ix. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  ii. ELCQUA  iii. LCP  ves O No O  iii. Other  Please specify  h. Falls  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool si. Do you use an assessment tool/scale?  i. Tinetti assessment tool si. Other  Yes O No O  No O	i. Do you use an assessment tool/scale?				
iii. The Montgomery Asberg Depression Rating scale iv The Raskin Depression Rating Scale v The Back Depression Inventory v The Beck Depression Inventory vi. Geriatric Depression Scale vii. The Zung Self-Rated Depression Scale viii. The Patient Health Questionnaire viii. The Patient Health Questionnaire viii. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? viii. LCP ves O No O viii. LCP ves O No O viii. Other Ves O No O viiii. Other Ves O No O viii. Other	i. The Hospital Anxiety and Depression scale (HADS)	Yes O	No O		
iii. The Montgomery Asberg Depression Rating scale iv The Raskin Depression Rating Scale v The Beck Depression Inventory vi Geriatric Depression Scale vii. The Zung Self-Rated Depression Scale viii. The Patient Health Questionnaire viii. The Patient Health Questionnaire viii. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? viii. LCP viii. Other Please specify  h. Falls ves O No	1000 Mag 840 Mg Mag 200	Yes O	No O		
iv The Raskin Depression Rating Scale v The Beck Depression Inventory vi Geriatric Depression Scale vii. Geriatric Depression Scale viii. The Zung Self-Rated Depression Scale viii. The Patient Health Questionnaire vix. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? ii. LCP iii. Other Please specify  h. Falls i. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other Yes O No	iii. The Montgomery Asberg Depression Rating scale		No O		
v The Beck Depression Inventory vi. Geriatric Depression Scale vii. The Zung Self-Rated Depression Scale viii. The Patient Health Questionnaire vix. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? ii. LCP Please specify  h. Falls i. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other  ii. Do you use an assessment tool/scale? ii. Tinetti assessment tool iii. Other  Yes O No		Yes O	No O		
vi. Geriatric Depression Scale  vii. The Zung Self-Rated Depression Scale  viii. The Patient Health Questionnaire  viii. The Patient Health Questionnaire  viii. The Patient Health Questionnaire  viii. Other  Please specify  g. End of life care  i. Do you use an assessment tool/scale?  ii. ELCQUA  viii. LCP  viiii. Other  Please specify  h. Falls  Yes O  No O  ii. Do you use an assessment tool/scale?  ii. Do you use an assessment tool/scale?  viii. Other  viiii. Other  viiiii. Other		Yes O	No O		
vii. The Zung Self-Rated Depression Scale viii. The Patient Health Questionnaire viii. The Patient Health Questionnaire viii. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? ii. LCP ves O No viii. LCP ves O No viii. Other		Yes O	No O		
viii. The Patient Health Questionnaire ix. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? ii. LCP iii. Other Please specify  h. Falls ves i. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other Yes No			80 ER 92-98		
ix. Other Please specify  g. End of life care i. Do you use an assessment tool/scale? ii. LCP iii. Other Please specify  h. Falls i. Do you use an assessment tool/scale? i. Tinetti assessment tool iii. Other Pres Q No		Yes <b>Q</b>	No O		
Please specify  g. End of life care i. Do you use an assessment tool/scale? i. ELCQUA ii. LCP iii. Other Please specify  h. Falls i. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other Yes O No			No O		
i. Do you use an assessment tool/scale?  i. ELCQUA  ii. LCP  iii. Other  Please specify  h. Falls  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool  ii. Other  Yes O  No O	Please specify	Note: 1004.			
i. Do you use an assessment tool/scale?  i. ELCQUA  ii. LCP  iii. Other  Please specify  h. Falls  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool  ii. Other  Yes O  No O					
i. ELCQUA ii. LCP iii. CP iii. Other Please specify  h. Falls I. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other Yes O No O No O No O No O	g. End of life care	Yes <b>Q</b>	No Q		
ii. LCP iii. Other Please specify  h. Falls i. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other  Yes O No O No O No O No O	i. Do you use an assessment tool/scale?	Yes <b>Q</b>	No O		
iii. Other Please specify  h. Falls i. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other  Yes O No O No O No O	i. ELCQUA	Yes <b>Q</b>	No O		
iii. Other Please specify  h. Falls i. Do you use an assessment tool/scale? i. Tinetti assessment tool ii. Other  Yes O No O No O No O	ii. LCP	Yes O	No O		
h. Falls  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool  ii. Other  Yes O  No O  No O					
h. Falls  i. Do you use an assessment tool/scale?  i. Tinetti assessment tool  ii. Other  Yes O  No O  No O	Please specify	Standard March	F		
<ul> <li>i. Do you use an assessment tool/scale?</li> <li>i. Tinetti assessment tool</li> <li>ii. Other</li> <li>Yes O</li> <li>No O</li> </ul>					
i. Tinetti assessment tool ii. Other Yes O No O No O	h. Falls	Yes <b>Q</b>	No <b>Q</b>		
ii. Other Yes <b>Q</b> No <b>Q</b>	i. Do you use an assessment tool/scale?				
ii. Other Yes <b>Q</b> No <b>Q</b>	i. Tinetti assessment tool	Yes O	No O		
	Please specify	<del>-</del>	, <u></u>		

Site name Site Code Casenum Service	ROUTINE ASSESSM Continued	ΛΕΝΤS Pag	ge 9	
i. Mobility	Yes <b>C</b>	)	No	0
i. Do you use an assessment tool/scale?				
i. Elderly mobility scale	Yes <b>C</b>	)	No	0
ii. Get up and go tool	Yes C		No	
ii. Other	Yes C		No	0
Please specify				
j. Falls risk	Yes C	<b>)</b>	No	0
i. Do you use an assessment tool/scale?				
i. Falls Risk Assessment Tool (FRAT)	Yes <b>C</b>	)	No	0
ii. Other	Yes <b>C</b>	<u> </u>	No	0
Please specify				
k. Medicines reconciliation	Yes C	)	No	0
i. Do you use an assessment tool/scale?	Yes C	)	No	0
i. STOPP/START criteria	Yes <b>C</b>	)	No	0
ii. Other	Yes <b>C</b>	<b></b>	No	0_
Please specify				
I. Nutrition	Yes C	<b>,</b>	No	0
i. Do you use an assessment tool/scale?	Yes C	<b>)</b> No		0
i. The Mini Nutritional Assessment	Yes <b>C</b>	•	No	0
ii. Malnutrition Universal Screening Tool	Yes C	)	No	0
iii. Nutritional Risk Screening Mini	Yes C	)	No	0
iv. Short Nutritional Assessment questionnaire	Yes C		No	SOLUTION STATES
v. Malnutrition Screening Tool	Yes C	=	No	
vi. The Subjective Global Assessment	Yes C		No	
ii. Other	Yes <b>C</b>	)	No	0
Please specify				
m. Hydration	Yes <b>C</b>	)	No	0
i. Do you use an assessment tool/scale?				
<ul> <li>i. The Hospital Hydration Best Practice Toolkit</li> </ul>	Yes <b>C</b>		No	
ii. Other	Yes <b>C</b>	<u> </u>	No	0
Please specify				

Site name Site Code Casenum Service	ROUTINE ASSESSMENTS Continued	Page 10
n. Pain	Yes <b>O</b>	No O
i. Do you use an assessment tool/scale?		
i. Visual analogue scale	Yes <b>O</b>	No O
ii. The McGill pain questionnaire	Yes O	No O
iii. Verbal numerical rating scale	Yes <b>Q</b>	No O
iv. Verbal descriptor scale	Yes <b>Q</b>	No O
v. Brief pain inventory	Yes O	No O
ii. Other	Yes <b>O</b>	No O
Please specify		
o. Psychiatric needs	Yes <b>O</b>	No O
i. Do you use an assessment tool/scale?	Yes O	No O
i. Geriatric Depression Score (GDS)	Yes <b>O</b>	No O
ii. The Hospital Anxiety and Depression scale (HADS)	Yes <b>Q</b>	No Q
iii. Psychiatric Diagnostic Screening questionnaire (PDSQ)	Yes O	No O
iv. The Beck Depression Inventory	Yes O	No Q
v. The Brief Psychiatric Rating Scale	Yes <b>Q</b>	No O
vi. Positive and Negative Syndrome Scale (PANSS) for	Yes O	No O
ii. Other	Yes O	No <b>Q</b>
Please specify		
p. Sensory loss	Yes <b>O</b>	No <b>Q</b>
i. Do you use an assessment tool/scale?	Yes O	No 🔾
i. The Semmes-Weinstein monofilament (SWM) test	Yes O	No O
ii. Severe Dual Sensory Loss screening tool	Yes O	No O
iii. Screening for Visual Def€	Yes O	No O
ii. Other	Yes <b>O</b>	No <b>O</b>
Please specify		
q. Skin integrity	Yes <b>Q</b>	No 🔾
i. Do you use an assessment tool/scale?	Yes O	No O
i. Braden scale	Yes <b>O</b>	No O
ii. Knoll scale	Yes <b>Q</b>	No O
iii. Norton Scale	Yes <b>Q</b>	No 🔾
iv. Pressure Sore Prediction score	Yes O	No O
v. Waterlow Risk Assessme	Yes O	No O
vi. Pressure Ulcer Risk Assessment tool	Yes O	No <b>Q</b>
vii. Other	Yes <b>O</b>	No <b>Q</b>
Please specify		

Site name	IDENTIFYING COMMON	Page 11
Site Code	FRAILTY-ASSOCIATED PROBLEMS	;
Casenum		
Service		
3.5 Does your service have processes to identify the following		
a. Functional decline	Yes <b>O</b>	No O
<ul> <li>i. Blaylock Risk Assessment Screening Score</li> </ul>	Yes <b>O</b>	No O
ii. Care Complex Predicition Instrument (COMPRI)	Yes <b>O</b>	No O
iii. Hospital Admission Risk Profile (HARP)	Yes <b>Q</b>	No O
iv. Inouye	Yes <b>Q</b>	No O
v. Identificatio of Seniors at Risk (ISAR)	Yes <b>Q</b>	No O
vi. Score Hopitalier of Evaluation du Risque de Perte d'Autonomie (SHERPA)	Yes <b>Q</b>	No O
vii. Tirage Risk Screening Tool	Yes <b>O</b>	No O
viii VIP	Yes <b>O</b>	No O
ix. Zurek	Yes <b>O</b>	No O
x. Other	Yes <b>O</b>	No O
Please specify		
b. Incontinence	Yes <b>Q</b>	No <b>Q</b>
i. USA	Yes <b>Q</b>	No O
ii. BD	Yes <b>Q</b>	No O
iii. FA	Yes <b>O</b>	No O
iv. Other	Yes <b>O</b>	No Q
Please specify	163	
rease specify		
c. Delirium	Yes <b>Q</b>	No <b>Q</b>
i. Delirium Screening Tool (4AT)	Yes O	No O
ii. Confusion Assessment Method (CAM)	Yes <b>Q</b>	No O
<ol><li>iii. CAM for intensive care (CAM-ICU)</li></ol>	Yes <b>Q</b>	No 🔾
<ol><li>iv. Delirium Rating Scale revised (DRS-R98)</li></ol>	Yes <b>O</b>	No O
iv. Other	Yes <b>Q</b>	No O
Please specify		
d. Depression	Yes <b>Q</b>	No <b>Q</b>
i. The Hospital Anxiety and Depression Scale (HADS)	Yes <b>Q</b>	No <b>Q</b>
ii. Hamilton Depression Rating Scale	Yes <b>Q</b>	No O
iii. The Montgomery Asberg Depression Rating	Yes <b>Q</b>	No O
iv. The Raskin Depression Rating Scale	Yes <b>Q</b>	No O
v. The Beck Depression Inventory	Yes O	No O
vi. Geriatric Depression Scale	Yes <b>O</b>	No O
vii. The Zung Self-Rated Depression Scale	Yes <b>Q</b>	No O
viii The Patient Health Questionniare	Yes <b>O</b>	No O
iv. Other	Yes <b>O</b>	No O
Please specify	manusatan 0777-07	normality (MDX XXX—XX

Site name Site Code Casenum Service	IDENTIFYING COMMON Page 12 FRAILTY-ASSOCIATED PROBLEMS		
e. Falls	Yes <b>O</b>	No O	
i. Elderly mobility scale	Yes <b>Q</b>	No O	
ii. Get up and go tool	Yes O	No O	
iii. Tinetti assessment method	Yes <b>Q</b>	No O	
iv. Timed up and go test	Yes O	No O	
v. Falls rish assessment tool (FRAT)	Yes <b>O</b>	No O	
iv. Other	Yes <b>O</b>	No O	
Please specify			

Site Code Casenum Service						
3.6	Does your s	ervice have processes in place to identify dete	rioration in the fo	ollowing?		
a.	Physical fun	ctioning	Yes	0	No	0
	i.	Please specify				
b.	Continence		Yes	0	No	0
	i.	Please specify				
c.	Delirium		Yes	0	No	0
	i.	Please specify				
d.	Depression		Yes	0	No	0
	Ĺ	Please specify				
e.	Falls		Yes	0	No	0
	Ĺ	Please specify				
f.	Other		Yes	0	No	0
	i.	Please specify				

**IDENTIFYING DETERIORATION** 

Page 13

Site name