A Comprehensive Health Needs Assessment for Older Veterans

A wide variety of health and wellbeing programs are offered through the Department of Veterans' Affairs. Please refer to the DVA website at http://www.dva.gov.au/service_providers/services/Pages/health_services.aspx

Assessor:	Today's Date:

PATIENT INFORMATION

Patient's last name: First: Middle:	❑ Dr. ❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.	Marital status ❑ Single ❑ Married/Defacto ❑ Divorce/Separated ❑ Widowed
Street address:		Home phone no.: ( )
P.O. Box: / Suburb	State:	Postcode:

Date of Birth: _ _ / _ _ / _ _ _ _	Age (years)	DVA Card no.: _____	Gender ❑ M ❑ F
Is the patient a: Legal documents	❑ Veteran ❑ Enduring Power of Attorney	❑ War Widow/er ❑ Enduring Power of Guardianship	❑ Dependent ❑ Medical Power of Attorney

LIVING ARRANGEMENTS

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Are you living:

☐ Alone	☐ As a couple	☐ With family (specify) _____	☐ With others (specify)_____

OVERALL HEALTH AND WELL-BEING

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

How would you rate your overall health and well-being?[1]

☐ Poor	☐ Fair	☐ Good	☐ Very good	☐ Excellent

Notes for assessors

A patient with cognitive impairment or dementia may have difficulty completing the self-reported measures within this form and responses need to be interpreted in relation to the patient's ability to understand constructs such as 'isolation', 'anxiety' and 'hopelessness'. With the consent of the older person, a spouse or family member may be approached to provide further information about the patient's psychosocial and cognitive function. If a spouse/carer assists in completing some measures, this should be noted at the top of the relevant page(s).

[1] Stewart, A. L. et al. (1992). Summary and discussion of MOS measures. In AL Stewart & JE Ware (Eds.), Measuring function and well-being: The Medical Outcomes Study approach (pp. 345-372). Durham, NC: Duke University Press.

GPCOG - STEP 1 PATIENT EXAMINATION[2]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Unless specified, each question should only be asked once

Name and Address for subsequent recall test

"I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes:

John Brown, 42 West Street, Kensington." (Allow a maximum of 4 attempts).

Time Orientation		
What is the date? (exact only)	☐ Incorrect	☐ Correct
Clock Drawing – use the diagram provided on page 3		
Please mark in all the numbers to indicate the hours of a clock (correct spacing required)	☐ Incorrect	☐ Correct
Please mark in hands to show 10 minutes past eleven o'clock (11.10)	☐ Incorrect	☐ Correct
Information		
Can you tell me something that happened in the news recently? Recently = in the last week. If a general answer is given, e.g. "war", "lot of rain", ask for details. Only specific answer scores)	☐ Incorrect	☐ Correct
Recall		
What was the name and address I asked you to remember?		
John	☐ Incorrect	☐ Correct
Brown	☐ Incorrect	☐ Correct
42	☐ Incorrect	☐ Correct
West (St)	☐ Incorrect	☐ Correct
Kensington	☐ Incorrect	☐ Correct
Total correct (score out of 9)		/9

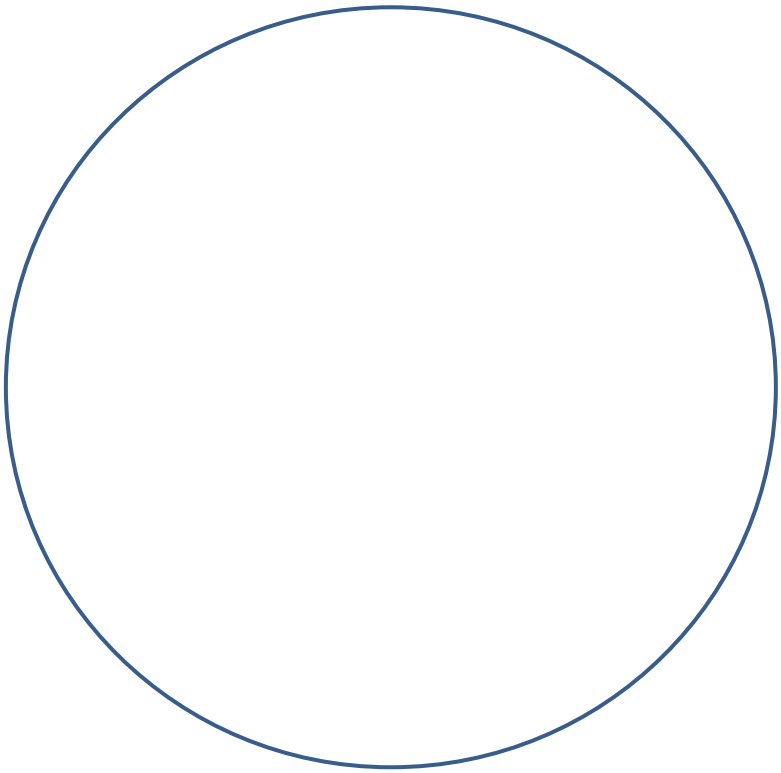
If patient scores 9, no significant cognitive impairment and further testing not necessary.

If patient scores 5-8, more information required. Proceed with Step 2, informant section (see final page).

If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations.

[2] Brodaty, H. et al. (2002). The GPCOG: a new screening test for dementia designed for general practice. *J Am Geriatr Soc, 50*(3), 530-534. The GPCOG is freely available for clinical use at: http://www.gpcog.com.au/

Name:_____ Date:_____



HEARING[3]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Do you have difficulty with your hearing?	☐ No	☐ Yes

PAIN[4]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

	None	Very mild	Mild	Moderate	Severe	Very severe
How much bodily pain have you had during the last 4 weeks? This question relates to 'usual' pain rather than infrequent or incident pain.	☐	☐	☐	☐	☐	☐

SOCIAL[5]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	1	2	3
How often do you feel left out?	1	2	3
How often do you feel isolated from others?	1	2	3
Total (sum of the 3 items; higher scores indicate greater loneliness)			

Who would be able to help you if there was an emergency or accident?	

[3] Chou, R. et al. (2011). Screening adults aged 50 years or older for hearing loss: a review of the evidence for the U.S. preventive services task force. *Ann Intern Med, 154*(5), 347-355.
[4] Hays, R. D. et al. (1993). The RAND 36-Item Health Survey 1.0. *Health Econ, 2*(3), 217-227
[5] Hughes, M. E. et al. (2004). A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies. *Res Aging, 26*(6), 655-672. Available at http://roa.sagepub.com/content/26/6/655.full.pdf

DISTRESS[6]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

If the response to item 2 is 'none of the time', the response to item 3 will also be 'none of the time'. Similarly, if the response to item 5 is 'none of the time', the response to item 6 will also be 'none of the time'.	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
In the past 4 weeks:	(Circle the number below that best matches your response)				
1. About how often did you feel tired out for no good reason?	1	2	3	4	5
2. About how often did you feel nervous?	1	2	3	4	5
3. About how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4. About how often did you feel hopeless?	1	2	3	4	5
5. About how often did you feel restless or fidgety?	1	2	3	4	5
6. About how often did you feel so restless that you could not sit still?	1	2	3	4	5
7. About how often did you feel depressed?	1	2	3	4	5
8. About how often did you feel that everything is an effort?	1	2	3	4	5
9. About how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10. About how often did you feel worthless?	1	2	3	4	5
Subtotal (sum scores in each column)					
Total score A score ≥20 is considered "positive" for mental health disorder					

[6] Kessler, R. C. et al. (2003). Screening for serious mental illness in the general population. *Arch Gen Psych* 60(2): p. 184-189.

POSTTRAUMATIC MENTAL HEALTH[7]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

Have had nightmares about it or thought about it when you did not want to?	☐ No	☐ Yes
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	☐ No	☐ Yes
Were constantly on guard, watchful, or easily startled?	☐ No	☐ Yes
Felt numb or detached from others, activities, or your surroundings?	☐ No	☐ Yes
Total (sum of 'yes' responses) In primary care, the screening test is considered "positive" if a patient answers "yes" to any 2 items		

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SEXUAL HEALTH[8] (OPTIONAL)

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

In the past 3 months or more		
Are you satisfied with your sexual function?	☐ No	☐ Yes
If **No** please continue		
How long have you been dissatisfied with your sexual function?		
Would you like to talk about it with your healthcare provider?	☐ No	☐ Yes

[7] Prins, A. et al. (2003). The primary care PTSD screen (PC-PTSD): development and operating characteristics. *Primary Care Psychiatry, 9*(1), 9-14. The PC-PTSD is freely available for clinical use from the National Center for PTSD at www.ptsd.va.gov.

[8] Adapted from the Brief Sexual Symptom Checklist (Hatzichristou, D. et al. (2004). Clinical evaluation and management strategy for sexual dysfunction in men and women. *J Sex Med, 1*(1), 49-57.

INFORMAL CARE[9]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

In the last 12 months, have you been a carer to someone who lives with you?	☐ No	☐ Yes
In the last 12 months, have you been a carer to someone who does not live with you?	☐ No	☐ Yes
If yes to either of the above questions, Would you like to talk about services that can support you in your role as a carer?	☐ No	☐ Yes

Do you currently have a carer?	☐ No	☐ Yes
Does your carer live with you?	☐ No	☐ Yes
Is your carer your spouse, son, daughter, other? (specify) _____	☐ No	☐ Yes
If you have a carer, is there any aspect of your relationship with your carer that you would like to talk about? If the carer is present, consider deferring this question until another time.	☐ No	☐ Yes

SMOKING

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

How many cigarettes do you smoke a day?

☐ None	☐ 1-10	☐ 11-15	☐ 16-20	☐ more than 20

Are you interested in quitting?	☐ Yes	☐ No	☐ Unsure

[9] Australian Bureau of Statistics. (2009). Disability, Ageing and Carers, Australia: Household Questionnaire. Document no. 4430.0. Canberra: ABS.

ALCOHOL[10,11] AND OTHER SUBSTANCES

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

How often do you have a drink containing alcohol?

☐ Never (0) (Go to next question)	☐ Monthly or less (1)	☐ 2-4 times a month (2)
☐ 2-3 times a week (3)	☐ 4 or more times a week (4)	

How many standard drinks containing alcohol do you have on a typical day?

☐ 1 or 2 (0)	☐ 3 or 4 (1)	☐ 5 or 6 (2)
☐ 7 to 9 (3)	☐ 10 or more (4)	

How often do you have six or more drinks on one occasion?

☐ Never (0)	☐ Less than monthly (1)	☐ Monthly (2)
☐ Weekly (3)	☐ Daily or almost daily (4)	

Total (sum the scores in brackets, for selected items)

In men, a score ≥ 4 is considered "positive" for hazardous drinking
In women, a score ≥ 3 is considered "positive" for hazardous drinking

[10] Bush, K. et al. (1998). The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. *Arch Internal Med.* 3: 1789-1795.
[11] Babor, T. F. et al. (2001). AUDIT, the Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care, Retrieved from: http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf.

OTHER SUBSTANCES[12]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

In the past year, how many times have you used the following?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
1. Prescription drugs for non-medical reasons	☐	☐	☐	☐	☐
2. Illegal drugs?	☐	☐	☐	☐	☐

Does the use of alcohol or drugs cause any problems in your life? (e.g. friends, family, money, other)	☐ No	☐ Yes
If yes, would you like some assistance in managing this issue?	☐ No	☐ Yes

NUTRITION

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Have you (without wanting to) lost or gained 5kg (about one stone) in the last 6 months? [13]	☐ No	☐ Yes
In the last 12 months, were there any times that you ran out of food and couldn't afford to buy more?[14]	☐ No	☐ Yes
Do you have any problems with your teeth, mouth or dentures?[15]	☐ No	☐ Yes

Do you eat alone most of the time?[16]	☐ No	☐ Yes (1)
How many meals a day do you usually eat?	☐ 3 or more	☐ 2 or less (1)
Do you eat fruit, vegetables and dairy products most days?	☐ No (1)	☐ Yes
Do you have 6-8 cups of fluid most days?	☐ No (1)	☐ Yes
Total (sum the scores in brackets, for selected items) If the score is 3 or more, consider dietetic referral		

[12] Adapted from Smith, P. C. et al. (2010). A single-question screening test for drug use in primary care. *Arch Intern Med, 170*(13), 1155-1160. As used by NIDA Screening for drug use in general medical settings: Quick reference guide. National Institute on Drug Abuse. http://www.drugabuse.gov/sites/default/files/pdf/screening_qr.pdf

[13] Veterans Home Care Assessment 2011

[14] As used in the Australian National Health Survey 2001 Adult Form. Adapted from Bickel, G. et al. (2000). Guide to Measuring Household Food Security, Revised March 2000 *Measuring Food Security in the United States: Reports of the Federal Interagency Food Security Measurement Project*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

[15] ACAT Assessment. Sansoni, J. et al. (2012). *Overlaps between Initial Intake Assessments and ACAT Assessment and Suggested Modifications.* Centre for Health Service Development, University of Wollongong.

[16] Veterans Home Care Assessment 2011

PHYSICAL ACTIVITY[17]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

How many times a week do you usually do 30 minutes or more of moderate-intensity physical activity or walking that increases your heart rate or makes you breathe harder than normal?

☐ None	☐ 1-2 times	☐ 3-4 times	☐ 5 or more	☐ Not appropriate

HEALTH LITERACY[18]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

How confident are you filling out medical forms by yourself?

☐ Not at all	☐ A little bit	☐ Somewhat	☐ Quite a bit	☐ Extremely

IMMUNISATION

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Have you been immunised against influenza?		
☐ No	☐ Unsure	☐ Yes _ _ / _ _ / _ _ _ _
Have you been immunised against tetanus?		
☐ No	☐ Unsure	☐ Yes _ _ / _ _ / _ _ _ _
Have you been immunised against pneumococcal pneumonia?		
☐ No	☐ Unsure	☐ Yes _ _ / _ _ / _ _ _ _
Have you been immunised against herpes zoster (which can cause shingles)?		
☐ No	☐ Unsure	☐ Yes _ _ / _ _ / _ _ _ _

Notes for assessors
Print the patient's immunisation history and medications from your practice software and confirm with the patient during the home visit.

[17] Smith, B. J. et al. (2005). Screening for physical activity in family practice. Evaluation of two brief assessment tool. *Am J Prev Med.* 29(4): 256-264.
[18] Chew, L. D. et al. (2004). Brief questions to identify patients with inadequate health literacy. *Fam Med, 36*(8), 588-594.

MEDICATIONS[19]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

PRINT A SUMMARY OF THE PATIENT'S MEDICATIONS FROM YOUR MEDICAL SOFTWARE AND CHECK FOR ACCURACY DURING THE HOME VISIT.

In the past month, how often did you take your medications as the doctor prescribed?[20]				
☐ Less than half the time (< 50%)	☐ About half the time (50%)	☐ Most of the time (75%)	☐ Nearly all of the time (90%)	☐ All of the time (100%)

In the last 4 weeks, what over-the-counter medications have you taken? (specify)		
Have you had to stop any of your medications for any reason?	☐ No	☐ Yes
If yes, which medications and why?		
Have you noticed any side effects from your medications?	☐ No	☐ Yes
If yes, what side effects?		
Do you have someone to help manage your medications?	☐ No	☐ Yes
If yes, who/what assistance?		
☐ Webster pack	☐ Dosette prepared by	☐ Other (specify)

Assessor

Does the patient take 5 or more medications?	☐ No	☐ Yes
Does the patient use any medication devices (e.g. inhaler, spacer)?	☐ No	☐ Yes
Does the patient experience difficulty managing their medications (e.g. poor visual acuity or problems with swallowing, dexterity or cognition)?	☐ No	☐ Yes
If yes, specify		
Recommend Home Medicine Review?	☐ No	☐ Yes

[19] Adapted from Brown, M. T. & Bussell, J. K. (2011). Medication adherence: WHO cares? *Mayo Clin Proc, 86*(4), 304-314.
[20] Gehi, A. K. et al. (2007). Self-reported medication adherence and cardiovascular events in patients with stable coronary heart disease: the heart and soul study. *Arch Intern Med, 167*(16), 1798-1803.

FALLS[21]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Have you had a fall in the past 12 months? By a fall we mean a slip or trip in which you lose your balance and land on the floor or ground, including falls even when you were not hurt.	☐ No	☐ Yes
If Yes, did you have an injury as a result of the fall?	☐ No	☐ Yes
If yes, please specify injury		
Are you afraid of falling?	☐ Yes	☐ No

ACTIVITIES OF DAILY LIVING[22,23]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Do you have any difficulties (or emerging difficulties) in any of the following mobility areas?

			What aids do you use?	Further aids required?
Moving around the house	☐ No	☐ Yes		
Walking outside the house	☐ No	☐ Yes		
Walking up and down stairs	☐ No	☐ Yes		
Getting in or out of bed or a chair	☐ No	☐ Yes		

Do you have any difficulties (or emerging difficulties) in any of the following personal care areas?

			Who helps you?	Further services required?
Dressing	☐ No	☐ Yes		
Grooming	☐ No	☐ Yes		
Bathing/Showering (getting in and out and the task of bathing)	☐ No	☐ Yes		
Toileting	☐ No	☐ Yes		
Eating	☐ No	☐ Yes		

[21] Adapted from Zijlstra, G. A. (2007). Prevalence and correlates of fear of falling, and associated avoidance of activity in the general population of community-living older people. *Age Ageing, 36*(3), 304-309.
[22] Fillenbaum, G. G., & Smyer, M. A. (1981). The development, validity, and reliability of the OARS multidimensional functional assessment questionnaire. *J Gerontol, 36*(4), 428-434.
[23] Adapted from the Older Americans Resources and Services (OARS) Multidimensional Functional Assessment Questionnaire (Duke University 1975, Revised 1988)

INSTRUMENTAL ACTIVITIES OF DAILY LIVING[24,25]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Do you have any difficulties (or emerging difficulties) in any of the following areas?

			Who helps you?	Further services required?
Housework	☐ No	☐ Yes		
Transport	☐ No	☐ Yes		
Shopping	☐ No	☐ Yes		
Meal preparation	☐ No	☐ Yes		
Using the telephone	☐ No	☐ Yes		
Managing medications	☐ No	☐ Yes		
Managing finances	☐ No	☐ Yes		

CONTINENCE[26]

☐ PT DECLINED TO ANSWER ☐ NOT ASSESSED

Do you have any bladder or bowel issues that affect your lifestyle, for example incontinence?	☐ Yes	☐ No
If yes, please specify:		

[24] Fillenbaum, G. G., & Smyer, M. A. (1981). The development, validity, and reliability of the OARS multidimensional functional assessment questionnaire. *J Gerontol, 36*(4), 428-434.
[25] Adapted from the Older Americans Resources and Services (OARS) Multidimensional Functional Assessment Questionnaire (Duke University 1975, Revised 1988)
[26] Sansoni, J. (2014). Final Project Report on the Validation and Field Trials of the Assessment Framework and Tool for Aged Care (Version 2): Centre for Health Service Development, University of Wollongong.

SUMMARY

	Is follow-up needed?		Comment/Recommendation
Patient Information	☐ No	☐ Yes	
Overall Health and Well Being	☐ No	☐ Yes	
GPCOG – Step 1 (Patient)	☐ No	☐ Yes	
GPCOG – Step 2 (Informant)	☐ No	☐ Yes	Only required if patient score is 5-8
Hearing	☐ No	☐ Yes	
Pain	☐ No	☐ Yes	
Social	☐ No	☐ Yes	
Distress	☐ No	☐ Yes	
Posttraumatic Mental Health	☐ No	☐ Yes	
Sexual Health	☐ No	☐ Yes	
Informal Care	☐ No	☐ Yes	
Smoking	☐ No	☐ Yes	
Alcohol and other substances	☐ No	☐ Yes	
Nutrition	☐ No	☐ Yes	
Physical Activity	☐ No	☐ Yes	
Health Literacy	☐ No	☐ Yes	
Immunisation	☐ No	☐ Yes	
Medications	☐ No	☐ Yes	
Falls	☐ No	☐ Yes	
ADLs	☐ No	☐ Yes	
Instrumental ADLs	☐ No	☐ Yes	
Continence	☐ No	☐ Yes	

Suggested citation: Reed R, Masters S, Shelby-James T, Roeger L. on behalf of the Department of Veterans' Affairs (2014). A Comprehensive Health Needs Assessment for Older Veterans. Canberra: DVA

GPCOG – INFORMANT INTERVIEW[27]

☐ ONLY REQUIRED IF PATIENT SCORE IS 5-8

Patient consent to seek informant interview?	☐ No		☐ Yes	
Informant's relationship to patient, i.e. informant is the patient's:	_____			
Compared to a few years ago:	No	Yes	Don't know	N/A
1. Does the patient have more trouble remembering things that have happened recently than s/he used to?	☐	☐	☐	
2. Does he or she have more trouble recalling conversations a few days later?	☐	☐	☐	
3. When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?	☐	☐	☐	
4. Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?	☐	☐	☐	☐
5. Is the patient less able to manage his or her medication independently?	☐	☐	☐	☐
6. Does the patient need more assistance with transport (either private or public)? (If the patient has difficulties due only to physical problems, e.g bad leg, tick 'no')	☐	☐	☐	☐

(To get a total score, add the number of items answered *no, don't know or N/A*)

Total score (out of 6)	**/6**

Higher scores indicate less impairment.

If the score **on the informant interview is 0-3**, cognitive impairment is indicated. Conduct standard investigations.

[27] Brodaty, H. (2002). The GPCOG: a new screening test for dementia designed for general practice. *J Am Geriatr Soc, 50*(3), 530-534. The GPCOG is freely available for clinical use at: http://www.gpcog.com.au/