**COMPREHENSIVE GERIATRIC ASSESSMENT**

###### Kindly tick or write as required.

**SOCIO-DEMOGRAPHIC DATA**

1. Identification (Full name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Next of Kin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Age last birthday (in years): \_\_\_\_\_\_\_\_\_\_\_ 5. Sex: 1 = male 2 = female

6. Ethnicity: Yoruba Hausa Ibo Others (specify) \_\_\_\_\_\_\_

7. Marital Status: Married Divorced Separated Widowed

8. Highest level of education ………………………..……………………….

9. Occupation (while in active service) ………………… ………….

10. What is your main source of finance at present;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Whom were you living with?

1. Lived alone

5. Lived with family members

6. Lived with non-family (e.g Tenants)

12. Do you have trouble with control of your bladder? 1 = Yes 2 = No

13. Do you have trouble with control of your bowels? 1 = Yes 2 = No

14. How many FALLS have you had in the past 12months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Do you suffer from any of the following?

a. Diabetes 1 = Yes 2 = No b. Hypertension 1 = Yes 2 = No

c. Eye problem 1 = Yes 2 = No d. Hearing problem 1 = Yes 2 = No

e. Dental problems 1 = Yes 2 = No f. Stroke/TIA 1 = Yes 2 = No

g. Sleep problems 1 = Yes 2 = No h. Arthritis 1 = Yes 2 = No

i. Difficulty moving around 1 = Yes 2 = No j. Chronic back pain 1 = Yes 2 = No

k. Difficulty in remembering or retaining information 1 = Yes 2 = No

16. What other health problem(s) do you have at the moment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. How many times have you been admitted into a hospital in the last one year? \_\_\_\_\_\_\_\_\_\_

18. Past Medical and Surgical History \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Drug and Allergy history ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL EXAMINATION**

20. A. Weight (kg) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. Height (cm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C. BMI \_\_\_\_\_\_\_\_

21. Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Katz Index of Independence in Activities of Daily Living** | | |
| **Activities**  Points (1or0) | **Independence**  (1 point)  **No** supervision, direction or personal assistance. | **Dependence**  (0 points)  **With**  supervision, direction or personal assistance or total care |
| **BATHING**  Points:\_\_\_\_\_\_\_\_\_\_\_ | **(1 POINT)** Bathes self completely or needs help in bathing only a single part of the such as the back, genital area or disabled extremity. | **(0 POINTS)** Need help with bathing more than one part of the body, getting in or out of the tub or shower, Requires total bathing |
| **DRESSING**  Point:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **(1 POINT)** get clothes from closet and drawers and puts on cloth and outer garments complete with fasteners. May have help trying shoes | **(0 POINTS)** Needs help with dressing self or needs to be completely dressed. |
| **TOILETING**  Points:\_\_\_\_\_\_\_\_\_\_\_\_ | **(1 POINT)** goes to toilet, gets onand off, arranges clothes, cleans genital area without help. | **(0 POINTS)** Needs help transferring to the toilet, cleaning self or uses bedpan or commode. |
| **TRANSFERRING**  Points: \_\_\_\_\_\_\_\_\_\_\_\_\_ | **(1 POINT)**Moves in and out of bed or chair unassisted. Mechanical transferred aids are acceptable | **(0 POINTS)** Needs help in moving from bed to chair or requires a complete transfer. |
| **CONTINENCE**  Points:\_\_\_\_\_\_\_\_\_\_\_\_ | **(1 POINT)** Exercise complete self control over urination and defecation. | **(0 POINTS)** Is partially or totally incontinent of bowel or bladder |
| **FEEDING**  Points:\_\_\_\_\_\_\_\_\_\_ | **(1 POINT)** Gets food from plate into mouth without help. Preparation of food may be done by another person. | **(0 POINTS)** needs partial or total help with feeding or requires parenteral feeding. |
| **TOTAL POINTS:\_\_\_\_\_\_\_\_\_\_\_ SCORING:** 6 =*Independent, 3 to 5 = Semi –dependent, 0 to 2 = Dependent* | | |

**FUNCTIONAL DOMAIN**

|  |  |
| --- | --- |
| **LAWTON-BODY**  **INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (LADL)** | |
| **Scoring:** For each category, circle the item description that most closely resembles the client’s highest functional level (either 0 or 1) | |
| 1. **Ability to Use Telephone** |  |
| 1. Operates telephone on own initiative- looks up and dials numbers, etc. 2. Dials a few well-know numbers 3. Answers telephone but does not dial 4. Does not use telephone at all | 1  1  1  0 |
| 1. **Shopping** |  |
| 1. Takes care of all shopping needs independently 2. Shops independently for small purchases 3. Needs to be accompanied on any shopping trip 4. Completely unable to shop | 1  0  0  0 |
| **C. Responsibility of Own Medications** |  |
| 1. Is responsible for taking medication in correct dosages at correct time 2. Takes responsibility if medication is prepared in advances in separate dosage 3. Is not capable of dispensing own medication | 1  0  0 |
| **D. Mode of Transportation** |  |
| 1. Travels independently on public transportation or drives own car 2. Arranges own travel via taxi, but does not otherwise use public transportation 3. Travel on public transportation when accompanied by another 4. Travel limited to taxi or automobile with assistance of another 5. Does not travel at all | 1  1  1  0  0 |
| **E. Ability to Handle Finances** |  |
| 1. Manages financial matters independently (budgets, writes checks, pay rent, bills, goes to bank), collect and keeps track of income 2. Manages day-to-day purchases, but needs help with banking, major purchases, etc. 3. Incapable of handling money | 1  1  0 |
| **TOTAL POINTS:\_\_\_\_\_\_\_\_\_\_\_ SCORING:** 5 =*Independent, 1 to 4 = Semi –dependent, 0 = Dependent* | |

**Functional status** will be measured by Activities of Daily Living (ADL) using the Katz's ADL and by Instrumental ADL using the Lawton IADL-scale. A problem on any of the two scales will be regarded as a positive screen and indicates a Functional Disability. Clients who score **a total of 11 points on the two scales will be classified as being independent** while those who score 0 – 2 will be classified as dependent. Other scores (i.e. 3 – 10) will be categorized as being semi – dependent.

**E: MEDICATION USE ASSESMENT**

1. How many medicines / pills do you take (including prescribed, over the counter, and

Vitamins) per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is your system for taking your medications?

Pill box Family help List or chart None

4. List all current medications with possible indications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGHLIGHT RELEVANT DIAGNOSIS / ASSESSMENT**

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**Signature / Name / Date**