APPENDIX B

TELEPHONIC RISK ASSESSMENT INSTRUMENT
(FOR USE AS BOTH INITIAL AND FINAL ASSESSMENT)

Form Approved
OMB No. 0990-0308
Exp. Date XX/XX/20XX

Referral Number

Participant Name:_____

Address: _____

Phone Number: _____

Independent Living

and

Mobility Program Phone Screening Assessment

Assessor – *Print your name with credentials and the date that the interview was completed.*

Name and credentials:_____

Date of interview:_____

Enter the time the interview begins (i.e. 2:53 PM).

Exact time:

: am/pm

● Introduction

INITIAL CONTACT- Talking to insured

Hi, my name is _____ and I am calling on behalf of *(Name of Insurance Company)*, your long-term care insurance company. A few weeks ago, you agreed to participate in a national Program about Independent Living and Mobility that your LTC insurance company is participating in. First, we want to thank you for your willingness to contribute to helping us understand such an important issue. As part of the Program, we need to ask you some questions related to your general health history. It will take about 20 minutes. Do you have time to do that now or would you like to schedule a time that is more convenient for you?

INITIAL CONTACT - Talking to proxy

Hi, my name is _____ and I am calling on behalf of *(Name of Insurance Company)*, *(the insured's name)*'s long-term care insurance company. A few weeks ago, you agreed to participate in a national Program about Independent Living and Mobility that their LTC insurance company is participating in. First, we want to thank you for your willingness to contribute to helping us understand such an important issue. As part of the Program, we need to ask you some questions related to *(name of insured)*'s general health history. It will take about 20 minutes. Do you have time to do that now or would you like to schedule a time that is more convenient for you?

FINAL CONTACT - Talking to insured

Hi, my name is _____ and I am calling on behalf of *(Name of Insurance Company)*, your long-term care insurance company. You have been participating in a national Program about Independent Living and Mobility for the past 24 months. As the last telephone contact, we need to ask you the questions that we asked you at the very beginning of the Program. It will take about 20 minutes. Do you have time to do that now or would you like to schedule a time that is more convenient for you?

FINAL CONTACT - Talking to proxy

Hi, my name is _____ and I am calling on behalf of *(Name of Insurance Company)*, *(the insured's name)*'s long-term care insurance company. *(the insured's name)* has been participating in a national Program about Independent Living and Mobility for the past 24 months. As the last telephone contact, we need to ask you the questions that we asked at the very beginning of the Program. It will take about 20 minutes. Do you have time to do that now or would you like to schedule a time that is more convenient?

● General Questions

1. Are you having any difficulty understanding me? (If "Yes," explain how you compensated below).....☐No ☐Yes

   Compensation:_____

2. With whom do you live? ☐Alone ☐Spouse ☐Child(ren) ☐Grandchild(ren) ☐Parent

☐Sibling ☐Other (name/relationship: ___)_____

3. Do you live in a private residence (Free standing home or apartment/condominium)? .....☐No Yes
   If Yes, Is this part of an: Assisted Living Facility, Retirement Community or Elderly Housing?.....☐
   No.....☐
   Yes
   If Yes, indicate which: ☐Assisted Living Facility ☐Retirement Community ☐Elderly Housing
   If No, Do you live in: ☐Assisted Living Facility ☐Retirement Community ☐Nursing Home
   ☐ Other, type:_____
4. At the present time would you say your health is: ☐Excellent ☐ Good ☐Fair ☐Poor

● Healthcare Use

5. Do you have a primary care doctor or other physician you see regularly or when you have a medical problem?.....☐No ☐Yes
6. How often do you usually see a doctor? ☐Monthly ☐~3 Mo ☐~6 Mo ☐Yearly ☐≤ Yearly ☐Rarely
7. In the past 2 years, have you had any surgery?.....☐No ☐Yes
   If Yes, indicate number of times: _____
8. In the past 2 years, have you had any emergency room visits?.....☐No ☐Yes
   If Yes, indicate number of times: _____
9. In the past 2 years, have you had any hospital admissions?.....☐No ☐Yes
   If Yes, indicate number of times: _____
10. Do you receive personal care or assistance from any paid or unpaid caregivers?.....☐No ☐Yes
    If Yes, Identify: ☐Paid Caregiver(s) ☐Unpaid Caregiver(s) ☐Both Paid and Unpaid Caregiver(s)
    Approximately how much money do you spend per month on these paid caregivers?
    ☐none ☐less than $100 ☐$100-$250 ☐$251-$500 ☐$501-$1000 ☐$1001 or more

● Medical Conditions and Symptoms

11. In the past week or so, have you felt any…
    a. Lower body muscle weakness or generalized fatigue?.....☐No ☐Yes
    b. Pain in your back that affects your mobility or daily activities?.....☐No ☐Yes
    c. Loss of balance or unsteadiness when you walk or get up from a chair or bed?.....☐No ☐Yes
    d. Dizziness or vertigo when you walk or get up from a chair or bed?.....☐No ☐Yes

12. Has a doctor ever told you that you have…
    e. Arthritis, Bone or Joint problems affecting your mobility, legs, hips, knees, ankles or feet?.....☐No ☐Yes

13. Do you have…
    f. Paralysis of a leg or foot?.....☐N ☐Ye

g. An amputation of a leg, foot or toe?..... ☐No ☐Yes

h. Impaired vision that cannot be corrected or are you blind?..... ☐No ☐Yes

● Medications

14. Are you currently taking any prescription medications?..... ☐No ☐Yes

If Yes, how many different medications do you take per day?

..... ☐1-3 ☐4-6 ☐7-10

..... ☐More than 10

15. Are you currently taking any non-prescription or over the counter medications?..... ☐No ☐Yes

If Yes, how many different medications do you take per day?

..... ☐1-3 ☐4-6 ☐7-10

..... ☐More than 10

16. Do you ever forget to take a medication or decide not to take one?..... ☐No ☐Yes

If Yes, About how often does this happen? ☐1-3 times/wk ☐4-6 times/wk ☐More than 6 times/wk

Why does this happen? ☐Forgets ☐Too expensive ☐Other: _____

17. Do you take medication for any of the following conditions?

	No	**Yes**		**No**	**Yes**
Anxiety.....	☐	☐	Stress.....	☐	☐
Depression.....	☐	☐	Memory loss or Memory Impairment.....	☐	☐

18. Have you ever been treated for Depression?..... ☐No ☐Yes

If Yes, Are you currently being treated for depression? ..... ☐No

..... ☐Yes

● Falls History and Risks

19. How many times in the past 6 months have you had an episode of fainting, falling or dropping to the ground or lost your balance, slipped or tripped over something that resulted in falling or dropping to the ground?.....____ Times
    a) If one (1) or more times, Did you get hurt? .....☐No
    .....☐Yes
    b) What has been your most serious injury or problem due to any fall? (check all that apply)
    ☐Never Injured ☐Bruises ☐Cuts ☐Discomfort ☐Fracture of leg ☐Fracture of wrist or arm
    ☐Fracture of back/vertebrae ☐Head injury ☐Other (specify)_____
    c) How long were you on the ground before you could get up?
    _____
20. Do you ever limit your activities, for example, what you do or where you go because you are afraid of falling?.....☐No Yes
21. Some things help to prevent falls. Do you currently do any of these?
    a) Exercise program.....☐No
    .....☐Yes
    If "Yes" what type? ☐Yoga ☐Stretching ☐Tai Chi ☐ Walking ☐Weights/Strengthening exercises
    ☐Swimming ☐Other (Specify)
    _____
    b) Regularly see your doctor.....☐No
    .....☐Yes
    c) Participate in a community based fall prevention program...☐No
    .....☐Yes
    -------- previously we asked have you EVER participated in falls prevent. Program do we want to ask this?

● Modified Geriatric Depression Scale (GDS IV)

1. Please choose the best answer for how you have felt <u>over the past week</u>.
   <u>Assessor, yes and no check boxes reverse depending on whether the question is posed as positive or negative.</u>

Question	Not Depresse	Depressed

		d	
1	Are you basically satisfied with your life?.....	☐Yes	☐No
2	Have you dropped many of your activities and interests?.....	☐No	☐Yes
3	Are you afraid that something bad is going to happen to you?.....	☐No	☐Yes
4	Do you feel happy most of the time?.....	☐Yes	☐No

Total number of Depressed answers: _____

● TICS

2. Next, I am gong to ask you some questions to test your memory. Some of these are likely to be easy for you, but some may be difficult. Please bear with me and try to answer all the questions as best you can. If you can't answer a question, don't worry, just try your best. If you have a television or radio on, please turn it off so that you are not distracted for this part of the interview. Are you ready? .....☐No Yes

   If No, why not? ☐Refused to complete ☐Other, explain_____

Question		Answer	Correct	Incorrect
Please tell me your full name	*First:*			
	Last:			
What is today's date?	*Month:*			
	Day:			
	Year:			
	Day of week:			
	Season:			
Where are you right now?	*Number:*			
	Street:			
	City:			
	State:			
	Zip Code:			
Please count backwards from 20 to 1	*1st try:*			
If error: Please count backwards from 20 to 1	*2nd try:*			

I am going to read to you a list of 10 words. Please listen carefully and try to memorize them. When I am done, tell me as many of the words as you can in any order . Ready? OK, the words are… Assessor – say each word slowly and use clear enunciation. Pause for 1 second after each word is said..

Cabin	*Check if recalled:*			
Pipe	*Check if recalled:*			
Elephant	*Check if recalled:*			
Chest	*Check if recalled:*			
Silk	*Check if recalled:*			
Theater	*Check if recalled:*			
Watch	*Check if recalled:*			
Whip	*Check if recalled:*			
Pillow	*Check if recalled:*			
Giant	*Check if recalled:*			
I would like you to take the number 100 and subtract 7	*Answer:*			
Now keep subtracting 7 from the answer				

Until I tell you to stop *Answer:*			
Answer:			
Answer:			
Answer:			
What do people usually use to cut paper? *Answer:*			
How many things are in a dozen? *Answer:*			
What do you call the prickly green plant that lives in the desert? *Answer:*			
What animal does wool come from? *Answer:*			
Please repeat this after me "No ifs, ands or buts" *Answer:*			
Now please repeat this after me "Methodist Episcopal" *Answer:*			
With the tip of your finger, tap 5 times into the part of *Taps are heard:*			
the phone you speak into. *Total number of taps = 5:*			

I am going to say a word and I want you to give me its opposite. For Example, if I said "hot" you would say "cold"

What is the opposite of west? *Answer:*			

Total correct:_____

● Ambulation

3. Do you have difficulty walking without help from another person?.....☐No ☐Yes
4. Do you have difficulty getting in and/or out of your home?.....☐No ☐Yes
5. Do you have difficulty walking from one room to another inside your home? ☐No.....☐Yes
6. Do you have difficulty walking inside your home without the use of furniture or other items to steady yourself?.....☐No ☐Yes
7. Do you have any electrical cords, furniture or clutter that cross walkways, hallways or pathways in your home?.....☐No ☐Yes
8. Do you have any slippery throw rugs (scatter rugs) in your home that are not fastened to the floor?.....☐No ☐Yes
9. Do you have difficulty getting around outside your home within walking distance including negotiating uneven surfaces?.....☐No ☐Yes

● IADL/ADL Evaluation

10. Do you have difficulty doing any of the following activities without help from another person?

a) TAKING YOUR MEDICATIONS: (opening bottles, measuring correct doses, taking them at the correct time)?..... ☐No ☐Yes

b) USING THE TELEPHONE: (answering the phone. looking up numbers and dialing)?..... ☐No ☐Yes

c) MANAGING YOUR FINANCES: (paying bills, writing checks, balancing your checkbook)?..... ☐No ☐Yes

d) DOING YOUR HOUSEWORK: (making beds, dusting, vacuuming, cleaning the floors, the kitchen and bathroom)?..... ☐No ☐Yes

e) DOING YOUR LAUNDRY: (transferring clothes to/from washer/dryer, and putting clean items away)?..... ☐No ☐Yes

f) SHOPPING FOR GROCERIES: (getting to store, obtaining, paying for, carrying home and putting away all needed items)?..... ☐No ☐Yes

g) TRANSPORTING YOURSELF: (driving or arranging a ride, getting to/from and in/out of the vehicle by yourself)?..... ☐No ☐Yes

h) PREPARING YOUR MEALS: (planning, preparing and serving complete, well-balanced meals)?..... ☐No ☐Yes

i) GETTING IN AND OUT OF A BED OR CHAIR?..... ☐No ☐Yes

i) Getting in and out of a chair without using your hands to push off?..... ☐ No..... ☐ Yes

ii) Getting up from the floor without help from another person?..... ☐ No..... ☐ Yes

j) DRESSING AND UNDRESSING YOURSELF?..... ☐No ☐Yes

k) BATHING YOURSELF?..... ☐No ☐Yes

i) Getting in and out of your bathtub or shower?..... ☐ No..... ☐ Yes

l) FEEDING YOURSELF?..... ☐No ☐Yes

m) TOILETING?..... ☐ No
Yes

i) Getting on or off of your toilet?..... ☐ No
Yes

n) MAINTAINING CONTINENCE OR CARING FOR PERSONAL HYGIENE AFTER INCONTINENCE OCCURS?..... ☐ No
Yes

11. Do you have non-slip surfaces/mats inside and outside your tub/shower?..... ☐ No
Yes

● Medical Equipment

12. In the last week or so, have you used any of the following medical equipment or devices? (if "Yes," explain below)

	No	Yes		No	Yes		No	Yes
Wheelchair....	☐	☐	Electric Chair Lift..	☐	☐	Bedside Commode.....	☐	☐
Walker.....	☐	☐	Electric Stair Lift...	☐	☐	Urinary Catheter. .	☐	☐
Cane.....	☐	☐	Electric Cart or Scooter.....	☐	☐	Oxygen Equipment.....	☐	☐
Crutches.....	☐	☐	Raised Toilet Seat	☐	☐	Grab Bars in Tub or Shower.....	☐	☐
Prosthesis/ Leg Braces....	☐	☐	Toilet Safety Frame/grab bar....	☐	☐	Other:_____...	☐	☐

If "Yes," Why do you use the equipment?_____

_____

Where do you use this equipment? ☐In the home ☐Outside

Approximately how much of your own money did you spend on this equipment?

☐I did not spend my own money ☐less than $50.....☐$50-$100 $101-$150

☐$151-$200 ☐$201-$250 ☐$251-$300 ☐don't know/came with house

☐Other amount_____

13. Have you made any modifications to the outside or inside of your home to improve its safety?.....☐No Yes

If Yes, what type of modification(s): _____

Why?_____

Approximately how much of your own money did you spend to improve your home's safety?

☐I did not spend my own money ☐less than $50.....☐$50-$100 $101-$150

☐$151-$200 ☐$201-$250 ☐$251-$300.....☐other amount_____

● Height and Weight

14. What is your height? _____ ft _____in

15. What is your weight? _____lbs

Visual Acuity

16. Do you have glasses or contact lenses? ..... ☐No ☐Yes
    Do you wear them ☐Most of the time ☐Sometimes ☐For special reasons (such as driving or reading) ☐Never
17. Have you had an eye exam or your vision checked by a doctor or optometrist in the last five years? ..... ☐No ☐Yes
18. Can you see well enough (with glasses, if needed) to read the newspaper?..... ☐No ☐Yes
19. Can you see well enough (with glasses, if needed) to watch television? ..... ☐No ☐Yes
20. Can you see well enough (with glasses, if needed) to read writing on television? ..... ☐No ☐Yes
21. Can you see well enough (with glasses, if needed) to read medicine bottles? ☐No..... ☐Yes
22. Can you see well enough (with glasses, if needed) to walk downstairs in daylight? ..... ☐No ☐Yes
23. Can you see well enough (with glasses, if needed) to walk downstairs in dim light? ..... ☐No ☐Yes
24. Can you see well enough (with glasses, if needed) to recognize someone across the room? ..... ☐No ☐Yes

● Physical Activity Scale for the Elderly (PASE)

Now I am going to ask you some questions about your daily activities. Please let me know if in the past 7 days you have done any of these activities.

Household Activity

During the past 7 days…

25. Have you done any light housework, such as dusting or washing dishes?..... ☐ No ☐ Yes
26. Have you done any heavy housework/chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood?..... ☐ No ☐ Yes

Did you engage in any of the following activities?

27. Home Repairs like painting, wallpapering, electrical work etc..... ☐ No ☐ Yes
28. Lawn work or yard care including snow or leaf removal, wood chopping, etc… ☐ No..... ☐ Yes
29. Outdoor Gardening..... ☐ No ☐ Yes
30. Caring for another person such as children, dependent spouse or another adult?..... ☐ No ☐ Yes

Work Related Activity

31. During the past 7 days did you work for pay or as a volunteer? (If "Yes," explain below)..... ☐ No ☐ Yes

A. How many hours did you work in the past 7 days?	B. Which best describes the activities that are required at your work
☐ 1-8 hours	☐ Mainly sitting with slight arm movements (Office worker, watchmaker, assembly line worker, bus driver)
☐ 9-20 hours	☐ Sitting or Standing with some walking (Cashier, general office worker, light tool and machinery worker)
☐ 21-30 hours	☐ Walking with some handling of material generally weighing less than 50 lbs. (Mailman, waiter/waitress, construction or heavy tool/machinery worker)
☐ 31-40 hours	☐ Walking and heavy manual work often handling materials over 50 lbs. (Lumberjack, stone mason, farm or general laborer)

Leisure-Time Activity

Over the past 7 days, did you…

32. Take a walk outside your home or yard for any reason? (e.g.: for fun exercise, walking to work, walking the dog, etc)..... ☐ No ☐ Yes

    If Yes, How many days in the past week did you walk? _____

    On Average, how many minutes per day did you spend walking? _____

33. Engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from boat or pier or other similar activities?..... ☐ No ☐ Yes

    If Yes, How many days in the past week did you participate in these activities? _____

    On Average, how many minutes per day did you spend doing these activities? _____

34. Engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?..... ☐ No ☐ Yes

    If Yes, How many days in the past week did you participate in these activities? _____

    On Average, how many minutes per day did you spend doing these activities? _____

35. Engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (down hill or cross country) or other similar activities?..... ☐ No ☐ Yes

    If Yes, How many days in the past week did you participate in these activities? _____

    On Average, how many minutes per day did you spend doing these activities? _____

36. Do any exercise specifically to increase muscle strength/endurance such as lifting weights, doing push-ups,. Sit-ups etc?..... ☐ No ☐ Yes

    If Yes, How many days in the past week did you participate in these activities? _____

    On Average, how many minutes per day did you spend doing these activities? _____

37. Do any exercise specifically to increase balance or flexibility (stretching) such as yoga, Tai Chi, etc?..... ☐ No ☐ Yes

    If Yes, How many days in the past week did you participate in these activities? _____

On Average, how many minutes per day did you spend doing these activities? _____

● Demographics

38. What is your marital status? ☐Married ☐Widowed ☐Divorced…..☐ Never Married
39. What is your date of birth?_____/_____/_____
40. What is your gender ☐Male……☐Female
41. What is your highest level of education? ☐Less than high school graduate ☐ High School graduate
☐ Some college or Associate's Degree ☐College graduate ☐Graduate Degree
42. Which of the following describes your race? ☐White ☐African American or Black ☐Asian ☐ American Indian
☐Native Hawaiian or other Pacific Islander ☐Other race _____ ☐Hispanic or Latino
☐Refused to disclose/Uncertain
43. To get a picture of people's financial situation, we need to know your total household income from all sources, before taxes in (YEAR). This includes social security, retirement income, job earnings, dividends, public assistance, help from relatives and any other source of income you may have. Would you say that your household income was ☐Less than $50,000 ☐$50,000 or greater?
Was it:

If less than $50,000

❒ Under $25,000
❒ Under $35,000 *($25,000-$34,999)*
❒ Under $50,000 *($35,000-$49,999)*
❒ Don't know
❒ Refused

If greater than or equal to $50,000

❒ Under $75,000 *($50,000-$74,999)*
❒ Under $100,000 *($75,000-$99,999)*
❒ Under $150,000 *($100,000-$149,999)*
❒ $150,000 and over
❒ Don't know
❒ Refused

Enter the time the interview ends (i.e. 3:24 PM).

Exact time:

: am/pm

● Wrap up

INITIAL CONTACT- Talking to insured

Thank you for taking the time to answer my questions, we really appreciate your contribution. In the near future, you will receive an Exercise Progress Chart and a Falls Journal in which you can record any falls or near falls that may occur. You may also receive another telephone call shortly to set up an interview in your home, or we will be in touch with you couple of months to see how you are doing.

INITIAL CONTACT- Talking to proxy

Thank you for taking the time to answer my questions, we really appreciate your contribution. In the near future*, (name of insured)* will receive an Exercise Progress Chart and a Falls Journal in which you can record any falls or near falls that may occur. You may also receive another telephone call shortly to set up an interview in *(name of insured's)* home, or we will be in touch with you in a couple of months to see how *(name of insured)* is doing.

FINAL CONTACT- Talking to insured or proxy

Thank you for taking the time to answer my questions, we really appreciate your contribution to this important research Program. I want to thank you once again for participating in the Independent Living and Mobility Program your contributions may result in safer practices and home environments for older adults.

● Clinical Summary: Provide an answer for each question

44. Do you believe that the participant would have difficulty performing any of his/her IADL's and ADL's without assistance from another person due to an impairment?.....☐No **☐Yes**

    If Yes, due to cognitive impairment.....☐No ☐**Yes**

    If Yes, due to physical impairment.....☐No ☐**Yes**

    If Yes to either, explain_____

45. Did the participant appear apathetic or require prompting or motivating to answer questions or complete the interview?.....☐No **☐Yes**

    If Yes**,** explain: _____

    _____

46. Was there evidence of sad or depressed mood or flattened affect?.....☐No **☐Yes**

    If Yes**,** explain: _____

_____

47. Did the participant have difficulty following directions?.....☐No **Yes**

If Yes**,** explain:_____

_____

48. Was the participant unable to answer any questions or did the participant refuse to answer any of the questions?.....☐No **Yes**

If Yes**,** explain:_____

_____

Assessor signature:_____ Date of interview:_____