

## Oral Health Assessment of Older Adults: The Kayser-Jones Brief Oral Health Status Examination (BOHSE)

By: *Leslie-Faith Morrith Taub, DNSc, A/GNP-BC, CDE, C. BSM, FAANP*  
*New York University College of Nursing*

**WHY:** The bidirectional effects of systemic diseases such as cardiovascular disease, cerebrovascular accident (CVA), human immunodeficiency virus (HIV), diabetes, and pneumonia on oral health in older adults is well recognized (IOM, 2011). Almost 70% of Americans 65 and older have no dental coverage (McGinn-Shapiro, 2008) and by the time they enter nursing homes this unmet need for dental care may take back seat to the myriad of other demands imposed by comorbid conditions. The Institute of Medicine's report (2011) *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* recognizes the barriers to oral care in the current health system and supports training nondental health professionals such as nurses to perform oral disease screening.

**BEST TOOL:** In a systematic review of oral health assessment by nurses and others in the care of cognitively impaired institutionalized residents, the Kayser-Jones Brief Oral Health Status Examination (BOHSE) was found to be the most comprehensive, validated and reliable screening tool (Chalmers & Pearson, 2005). The 10-item examiner-rated BOHSE catalogues oral health problems with a higher score identifying more problems. The BOHSE assessment begins with observation and palpation for enlarged cervical lymph nodes and includes a complete oral cavity evaluation. Using a pen light, tongue depressor, and gauze, the conditions of the oral cavity, surrounding tissues, and natural/artificial teeth are examined and categorically graded from 0 (normal) to 2 (significantly problematic).

**TARGET POPULATION:** The BOHSE was designed to evaluate the oral condition of nursing home residents, with and without cognitive impairment, by those providing nursing care. The BOHSE has been employed in a variety of populations including community-dwelling and hospitalized older adults, nursing home residents, and individuals with cognitive impairment (Chalmers, Spencer, Carter, King, & Wright, 2009; Chen, Chang, Chyun & McCorkle, 2005; Lin, Jones, Godwin, Godwin, Knebl, & Niessen, 1999; Yu, Lee, Hong, Lau, & Leung, 2008).

**VALIDITY AND RELIABILITY:** Statistically significant test-retest reliability ( $r=.83-.79$ ), inter-rater reliability ( $r=.68-.40$ ), and content validity have been established by six field experts (Kayser-Jones, et al, 1995).

**STRENGTHS AND LIMITATIONS:** The BOHSE is a screening tool with demonstrated reliability and validity that should be used by nursing personnel in residential settings. Systematic use of this tool at scheduled times can facilitate the oral health triaging of residents to allow for timely care provided by the dentist.

**FOLLOW-UP:** Although the cumulative score is helpful, individuals who score on items with an asterisk that are underlined should be referred for a dental evaluation and exam and follow-up immediately. In general, a semi-annual checkup is recommended by a dentist for oral health assessment.

### MORE ON THE TOPIC:

Best practice information on care of older adults: [www.ConsultGerIRN.org](http://www.ConsultGerIRN.org).

Chalmers, J.M., Spencer, A.J., Carter, K.D., King, P.L., & Wright, C. (2009). Caring for oral health in Australian residential care. Dental statistics and research series no. 48. Cat. no. DEN 193. Canberra: AIHW. Retrieved February 9, 2012 from [www.arcpoh.adelaide.edu.au/publications/report/statistics/pdf\\_09/Residential%20care%20DSR%2048.pdf](http://www.arcpoh.adelaide.edu.au/publications/report/statistics/pdf_09/Residential%20care%20DSR%2048.pdf)

Chalmers, J.M., Pearson, A. (2005). A systematic review of oral health assessment by nurses and carers for residents with dementia in residential care facilities. *Special Care Dentist*, 25(5), 227-232.

Chen, C.-H., Chang, C.K., Chyun, D., & McCorkle, R. (2005). Dynamics of nutritional health in a community sample of American elders. *Advances in Nursing Science*, 28(4), 376-389.

Douglass, A.B., Maier, R., Deutchman, M., Douglass, J.M., Gonsalves, W., Silk, H., Tysinger, J.W., Wrightson, A.S. (2010). *Smiles for Life: A National Oral Health Curriculum*. 3rd Edition. Society of Teachers of Family Medicine. Course 8: Geriatric Oral Health. [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org).

Institute of Medicine (2011). *Improving access to oral health care for vulnerable and underserved populations*. Retrieved February 9, 2012 from [www.iom.edu/Reports/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx](http://www.iom.edu/Reports/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx).

Kayser-Jones, J., Bird, W.F., Paul, S.M., Long, L., & Schell, E.S. (1995). An instrument to assess the oral health status of nursing home residents. *The Gerontologist*, 35(6), 814-824.

Lin, C.Y., Jones, D.B., Godwin, K., Godwin, R.K., Knebl, J.A., & Niessen, L. (1999). Oral health assessment by nursing staff of Alzheimer's patient in a long-term care facility. *Special Care in Dentistry*, 19(2), 64-71.

McGinn-Shapiro, M. (2008). Medicaid Coverage of Adult Dental Services, *State Health Policy Monitor*, 2(2), 1-6. Portland, ME: National Academy for State Health Policy. Retrieved February 9, 2012 from [www.nashp.org/sites/default/files/Adult%20Dental%20Monitor.pdf](http://www.nashp.org/sites/default/files/Adult%20Dental%20Monitor.pdf)

Yu, D.S., Lee, D.T., Hong, A.W., Lau, T.Y., & Yeung, E.M. (2008). Impact of oral health – related quality of life in Chinese hospitalized geriatric patients. *Quality of Life Research*, 17 (3), 397-405.

# The Kayser-Jones Brief Oral Health Status Examination (BOHSE)

Resident's Name \_\_\_\_\_

Date \_\_\_\_\_

Examiner's name \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

CATEGORY	MEASUREMENT	0	1	2
LYMPH NODES	Observe and feel nodes	No enlargement	Enlarged, not tender	<u>Enlarged and tender*</u>
LIPS	Observe, feel tissue and ask resident, family or staff (e.g. primary caregiver)	Smooth, pink, moist	Dry, chapped, or <u>red at corners*</u>	<u>White or red patch, bleeding or ulcer for 2 weeks*</u>
TONGUE	Observe, feel tissue and ask resident, family or staff (e.g. primary caregiver)	Normal roughness, pink and moist	Coated, smooth, patchy, severely fissured or some redness	<u>Red, smooth, white or red patch; ulcer for 2 weeks*</u>
TISSUE INSIDE CHEEK, FLOOR AND ROOF OF MOUTH	Observe, feel tissue and ask resident, family or staff (e.g. primary caregiver)	Pink and Moist	<u>Dry, shiny, rough red, or swollen*</u>	<u>White or red patch, bleeding, hardness; ulcer for 2 weeks*</u>
GUMS BETWEEN TEETH AND/OR UNDER ARTIFICIAL TEETH	Gently press gums with tip of tongue blade	Pink, small indentations; firm, smooth and pink under artificial teeth	<u>Redness at border around 1-6 teeth; one red area or sore spot under artificial teeth*</u>	<u>Swollen or bleeding gums, redness at border around 7 or more teeth, loose teeth; generalized redness or sores under artificial teeth*</u>
SALIVA (EFFECT ON TISSUE)	Touch tongue blade to center of tongue and floor of mouth	Tissues moist, saliva free flowing and watery	Tissues dry and sticky	<u>Tissues parched and red, no saliva*</u>
CONDITION OF NATURAL TEETH	Observe and count number of decayed or broken teeth	No decayed or broken teeth/roots	<u>1-3 decayed or broken teeth/roots*</u>	<u>4 or more decayed or broken teeth/roots; fewer than 4 teeth in either jaw*</u>
CONDITION OF ARTIFICIAL TEETH	Observe and ask patient, family or staff (e.g. primary caregiver)	Unbroken teeth, worn most of the time	1 broken/missing tooth, or worn for eating or cosmetics only	<u>More than 1 broken or missing tooth, or either denture missing or never worn*</u>
PAIRS OF TEETH IN CHEWING POSITION (NATURAL OR ARTIFICIAL)	Observe and count pairs of teeth in chewing position	12 or more pairs of teeth in chewing position	8-11 pairs of teeth in chewing position	<u>0-7 pairs of teeth in chewing position*</u>
ORAL CLEANLINESS	Observe appearance of teeth or dentures	Clean, no food particles/tartar in the mouth or on artificial teeth	Food particles/tartar in one or two places in the mouth or on artificial teeth	Food particles.tartar in most places in the mouth or on artificial teeth

Upper dentures labeled: Yes \_\_\_\_\_ No \_\_\_\_\_ None \_\_\_\_\_ Lower dentures labeled: Yes \_\_\_\_\_ No \_\_\_\_\_ None \_\_\_\_\_

Is your mouth comfortable? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Underlined\* -refer to dentist immediately

Kayser-Jones, J., Bird, W.F., Paul, S.M., Long, L., & Schell, E.S. (1995). An instrument to assess the oral health status of nursing home residents. *The Gerontologist*, 35(6), 814-824. Figure 2, p. 823.

Copyright © The Gerontological Society of America. Reproduced with permission from publisher.

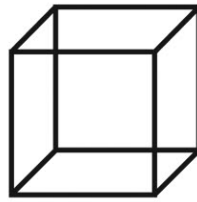
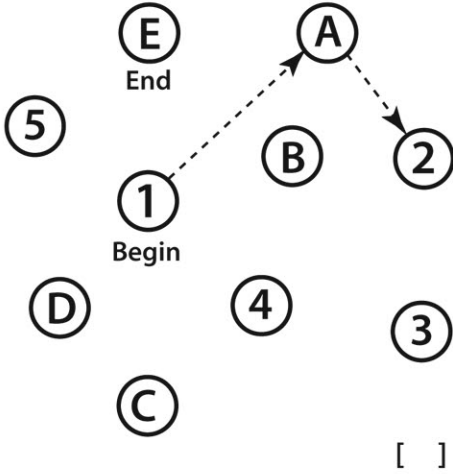
The Hartford Institute for Geriatric Nursing would like to acknowledge the original author of this issue: Cheryl Chia-Hui Chen, DNSc, APRN, GNP, National Taiwan University School of Nursing, Taipei, Taiwan.



A series provided by The Hartford Institute for Geriatric Nursing, New York University, College of Nursing

EMAIL [hartford.ign@nyu.edu](mailto:hartford.ign@nyu.edu) HARTFORD INSTITUTE WEBSITE [www.hartfordign.org](http://www.hartfordign.org)  
CLINICAL NURSING WEBSITE [www.ConsultGerIRN.org](http://www.ConsultGerIRN.org)

**VISUOSPATIAL / EXECUTIVE**



Copy cube

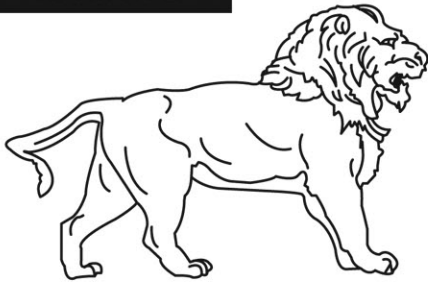
Draw CLOCK (Ten past eleven)  
(3 points)

POINTS

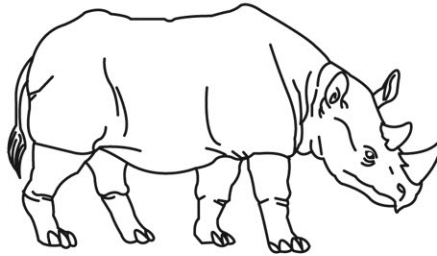
[ ] [ ] [ ]  
Contour Numbers Hands

\_\_\_/5

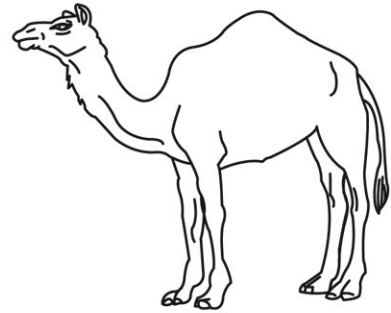
**NAMING**



[ ]



[ ]



[ ]

\_\_\_/3

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

**ATTENTION**

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order

[ ] 2 1 8 5 4

Subject has to repeat them in the backward order

[ ] 7 4 2

\_\_\_/2

Read list of letters. The subject must tap with his hand at each letter A. No points if  $\geq 2$  errors

[ ] FBACMNAAJKLBAFAKDEAAAJAMOF AAB

\_\_\_/1

Serial 7 subtraction starting at 100

[ ] 93

[ ] 86

[ ] 79

[ ] 72

[ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

\_\_\_/3

**LANGUAGE**

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

\_\_\_/2

Fluency / Name maximum number of words in one minute that begin with the letter F

[ ] \_\_\_\_ (N  $\geq$  11 words)

\_\_\_/1

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit

[ ] train - bicycle [ ] watch - ruler

\_\_\_/2

**DELAYED RECALL**

Has to recall words  
**WITH NO CUE**

FACE  
[ ]

VELVET  
[ ]

CHURCH  
[ ]

DAISY  
[ ]

RED  
[ ]

Points for  
UNCUED  
recall only

\_\_\_/5

**Optional**

Category cue

Multiple choice cue

**ORIENTATION**

[ ] Date

[ ] Month

[ ] Year

[ ] Day

[ ] Place

[ ] City

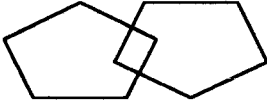
\_\_\_/6

# Mini-Mental State Examination (MMSE)

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions: Score one point for each correct response within each question or activity.**

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day? Month?"
5		"Where are we now? State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then the instructor asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible.
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.)  <div style="text-align: center;">  </div>
30		TOTAL

**Interpretation of the MMSE:**

Method	Score	Interpretation
Single Cutoff	<24	Abnormal
Range	<21	Increased odds of dementia
	>25	Decreased odds of dementia
Education	21	Abnormal for 8 <sup>th</sup> grade education
	<23	Abnormal for high school education
	<24	Abnormal for college education
Severity	24-30	No cognitive impairment
	18-23	Mild cognitive impairment
	0-17	Severe cognitive impairment

**Interpretation of MMSE Scores:**

Score	Degree of Impairment	Formal Psychometric Assessment	Day-to-Day Functioning
25-30	Questionably significant	If clinical signs of cognitive impairment are present, formal assessment of cognition may be valuable.	May have clinically significant but mild deficits. Likely to affect only most demanding activities of daily living.
20-25	Mild	Formal assessment may be helpful to better determine pattern and extent of deficits.	Significant effect. May require some supervision, support and assistance.
10-20	Moderate	Formal assessment may be helpful if there are specific clinical indications.	Clear impairment. May require 24-hour supervision.
0-10	Severe	Patient not likely to be testable.	Marked impairment. Likely to require 24-hour supervision and assistance with ADL.

**Source:**

- Folstein MF, Folstein SE, McHugh PR: "Mini-mental state: A practical method for grading the cognitive state of patients for the clinician." *J Psychiatr Res* 1975;12:189-198.

## Physical Activities of Daily Living (ADL)

This form may help you assess the functional capabilities of your older patients. The data can be collected by a nurse from the patient, or from a family member or other caregiver.

*I = Independent      A = Assistance required      D = Dependent*

Obtained from:		Activity	Guidelines for Assessment
Patient	Informant		
I A D	I A D	<b>Bathing</b> <i>(sponge, shower, tub)</i>	I = Able to bathe completely or needs help with only a single body part A = Needs help with more than one body part, getting in/out of tub or special tub attachments D = Completely unable to bathe self
I A D	I A D	<b>Dressing/Undressing</b>	I = Able to pick out clothes, dress/undress self, manage fasteners/braces; tying shoes excluded A = Need assistance as remains partially undressed D = Completely unable to dress/undress self
I A D	I A D	<b>Personal Grooming</b>	I = Able to comb hair, shave without help A = Needs help to comb hair, shave D = Completely unable to care for appearance
I A D	I A D	<b>Toileting</b>	I = Able to get to, on and off toilet, arrange clothes, clean organs of excretion; uses bedpan only at night A = Needs help getting to and using toilet; uses bedpan/commode regularly D = Completely unable to use toilet
I A D	I A D	<b>Continence</b>	I = Urination/defecation self-controlled A = Partial or total urine/stool incontinence or control by enemas, catheters, regulated use of urinals/bedpans D = Uses catheter or colostomy
I A D	I A D	<b>Transferring</b>	I = Able to get in/out of bed/chair without human assistance/mechanical aids A = Needs human assistance/mechanical aids D = Completely unable to transfer; needs lifting
I A D	I A D	<b>Walking</b>	I = Able to walk without help except from cane A = Needs human assistance/walker, crutches D = Completely unable to walk; needs lifting
I A D	I A D	<b>Eating</b>	I = Able to completely feed self A = Needs help with cutting, buttering bread, etc. D = Completely unable to feed self or needs parenteral feeding

SOURCE: Reprinted with permission from *Modules in Clinical Geriatrics*. Copyright ©1997 by Blue Cross and Blue Shield Association and the American Geriatrics Society.

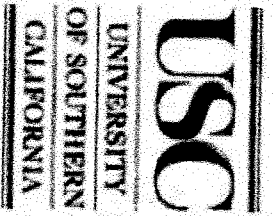
## Instrumental Activities of Daily Living (IADL)

This form may help you assess the functional capabilities of your older patients. The data can be collected by a nurse from the patient, or from a family member or other caregiver.

*I = Independent      A = Assistance required      D = Dependent*

Obtained from:			
Patient	Informant	Activity	Guidelines for Assessment
I A D	I A D	Using Telephone	I = Able to look up numbers, dial, receive and make calls without help A = Able to answer phone or dial operator in an emergency but needs special phone or help in getting number, dialing D = Unable to use the telephone
I A D	I A D	Traveling	I = Able to drive own car or travel alone on buses, taxis A = Able to travel but needs someone to travel with D = Unable to travel
I A D	I A D	Shopping	I = Able to take care of all food/clothes shopping with transportation provided A = Able to shop but needs someone to shop with D = Unable to shop
I A D	I A D	Preparing Meals	I = Able to plan and cook full meals A = Able to prepare light foods but unable to cook full meals alone D = Unable to prepare any meals
I A D	I A D	Housework	I = Able to do heavy housework, i.e., scrub floors A = Able to do light housework but needs help with heavy tasks D = Unable to do any housework
I A D	I A D	Taking Medicine	I = Able to prepare/take medications in the right dose at the right time A = Able to take medications but needs reminding or someone to prepare them D = Unable to take medications
I A D	I A D	Managing Money	I = Able to manage buying needs, i.e., write checks, pay bills A = Able to manage daily buying needs but needs help managing checkbook, paying bills D = Unable to handle money

SOURCE: Reprinted with permission from *Modules in Clinical Geriatrics*. Copyright © 1997 by Blue Cross and Blue Shield Association and the American Geriatrics Society.



**MEDICATION RECONCILIATION FORM**

Date: \_\_\_\_\_

Source of Medication List: \_\_\_\_\_

- Chart
- Patient/Family/Caregiver recall
- Previous discharge paperwork
- Pharmacy/Dispensary paperwork
- Other: \_\_\_\_\_

Patient initials:	
DOB:	
MRN:	
Allergies	Reactions

Medication/Dose	Route	Frequency	Discrepancy		Discrepancy Comments	Last Dose (Date/Time)	Date DC'ed
			Yes	No			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Circle one: PharmD / RN / NP / PA / LVN / MD (circle title)      Circle one: Student / Resident / HC professional



**Remote Evidence-Based Medicine Drug Evaluation (REMEDE) Report**

Patient Name / Code: \_\_\_\_\_

Medication(s) / Medical Condition(s)	Review of Medication Therapy	Recommendations:

References:

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

## Occupational Therapy General Evaluation Form

Name: \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 \_\_\_\_\_

Functional Diagnosis: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Payer type (circle one):    PPO            Medicare (cap: \$1870/yr)            USC Network WM            USC Network-other            Self-pay

Max # of visits allowed: \_\_\_\_\_ Other payer restrictions: \_\_\_\_\_

M/F    Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ FM: \_\_\_\_\_ FFM: \_\_\_\_\_ TBW: \_\_\_\_\_ (if applicable)

### Medical History/Current Medications

### Current Daily Routines/Roles

### Prior Level of Function/Occupational History

### Client/Family Goals

### Cognition (attention, perception, concentration, awareness, memory):

### Time Use/Management:

### Energy Management:

### Stress Management/Personal Stressors:

**Activities of Daily Living:**

<b>Eating/Cooking/Meal Prep:</b>	
<b>Personal Hygiene:</b> (e.g.: bathing, grooming, dressing, toileting, transfers)	
<b>Home Management:</b> (e.g.: shopping, cleaning)	
<b>Money Management:</b>	
<b>Community Skills:</b> (e.g.: transportation, accessing resources)	
<b>Work/Vol./School/Learning:</b>	

**Leisure Activities (past interests, current interests, socializations, support systems):**

**General Comments/Observations:**

**Barriers to Achieving Goals:**

**Supports to Achieving Goals:**

**Long Term Goal(s):**

**Short Term Goal(s):**

Therapist: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Therapist Signature: \_\_\_\_\_

I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE

Certification Dates: from \_\_\_\_\_ to \_\_\_\_\_ (Medicare Only)

Physician Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Timed Up & Go Test (TUG)

## Research Report

Author: Anne Shumway-Cook, Sandy Brauer, and Marjorie Woollacott

### Description of the Instrument

- Patients are timed (in seconds) when performing the TUG—3 conditions
  1. TUG alone—from sitting in a chair, stand up, walk 3 meters, turn around, walk back, and sit down..
  2. TUG Cognitive—complete the task while counting backwards from a randomly selected number between 20 and 100.
  3. TUG Manual—complete the task while carrying a full cup of water.
- The time taken to complete the task is strongly correlated to level of functional mobility, (i.e. the more time taken, the more dependent in activities of daily living).
- **The cutoff levels for TUG is 13.5 seconds or longer with an overall correct prediction rate of 90%**; for TUG Manual (while carrying a glass of water) is 14.5 seconds or longer with a 90% correct prediction rate; and Tug Cognitive (while counting backwards) is 15.0 seconds or longer with an overall correct prediction rate of 87%.

### Form of instrument:

- Hazard/Risk Assessment Tools
- To identify/screen elderly individuals who are prone to falls
- Interrater reliability was very high, with  $r=.98$ ,  $.99$ , and  $.99$  for the TUG, TUGmanual, and TUGcognitive respectively
- The TUG alone correctly classified 13/15 fallers (87% sensitivity) and 13/15 nonfallers (87% specificity).

### Validity Measures

- **Older adults who take longer than 13.5 seconds to complete the TUG have a high risk for falls. This cutoff is different from Podsiadlo and Richardson, which is 30 seconds.**

**Table 5. Timed Up and Go Scores: Means, Standard Deviations, and Confidence Intervals by Age, Gender, and Use of Assistive Device (in Seconds)**

Age (y)	Group	N	Mean	SD	CI
60-69	Male	1	7.3	—	-2.4 - 17.0
	Female	5	8.1	0.9	3.7 - 12.4
	Overall	6	7.9	0.9	7.0 - 8.9
70-79	Male	9	6.8	1.1	3.6 - 10.1
	Female	10	8.5	2.8	5.4 - 11.6
	Overall	19	7.7	2.3	6.6 - 8.8
80-89	Male	10	13.5	6.3	10.4 - 16.5
	Female	21	13.6	5.5	11.7 - 15.6
	No Device	24	11.0	2.2	9.4 - 12.5
	Device	10	19.9	6.4	17.5 - 22.3
	Overall	34	13.6	5.6	11.6 - 15.5
90-101	Male	2	23.4	9.2	16.6 - 30.3
	Female	15	17.0	5.3	14.5 - 19.5
	No Device	7	14.7	7.9	11.8 - 17.5
	Device	10	19.9	2.5	17.5 - 22.3
	Overall	17	17.7	5.8	14.7 - 20.7

Lusardi, M.M. (2004). Functional Performance in Community Living Older Adults. *Journal of Geriatric Physical Therapy*, 26(3), 14-22.

## Timed “Up and Go”

### Directions:

The timed “Up and Go” test measures, in seconds, the time taken by an individual to stand up from a standard arm chair (approximate seat height of 46 cm [18in], arm height 65 cm [25.6 in]), walk a distance of 3 meters (118 inches, approximately 10 feet), turn, walk back to the chair, and sit down. The subject wears their regular footwear and uses their customary walking aid (none, cane, walker). No physical assistance is given. They start with their back against the chair, their arms resting on the armrests, and their walking aid at hand. They are instructed that, on the word “go” they are to get up and walk at your normal pace to a line on the floor 3 meters away, turn, return to the chair and sit down again. The subject walks through the test once before being timed in order to become familiar with the test. Either a stopwatch or a wristwatch with a second hand can be used to time the trial.

### Instructions to the patient:

“When I say ‘go’ I want you to stand up and walk to the line, turn and then walk back to the chair and sit down again. Walk at your normal pace.”

Podsiadlo D, Richardson S. The timed “up and go”: a test of basic functional mobility for frail elderly persons. *JAGS* 1991; 39: 142-148.

### Scoring:

Time for ‘Up and Go’ test \_\_\_\_\_ sec.

Unstable on turning?

Walking aid used? Type of aid: \_\_\_\_\_

### References:

1. Lundlin-Olsson, L., Nyberg, L., & Gustafson, Y. (1998). Attention, frailty, and falls: the effect of a manual task on basic mobility. *Journal of the American Geriatrics Society*, 46, 758-761.
2. Podsiadlo, D., & Richardson, S. (1991). The timed “up & go”: A test of basic functional mobility for frail elderly persons. *Journal of the American Geriatrics Society*, 39, 142-148.
3. Shumway-Cook, A., Brauer, S., & Woollacott, M. (2000). Predicting the probability for falls in community-dwelling older adults using the timed up & go test. *Physical Therapy*, 80(9), 896-903.
4. Lusardi, M.M. (2004). Functional Performance in Community Living Older Adults. *Journal of Geriatric Physical Therapy*, 26(3), 14-22.

## Addenda: Special Populations

1. 59 elderly given TUG at 6mo. s/p hip fracture. Of the 19 who had fallen, a cutoff score of 24 seconds was predictive of falls at a sensitivity of 95%.  
Morten K, Nicolai F, Henrik K. (2007). Timed "Up & Go" Test as a Predictor of Falls within 6 Months After Hip Fracture Surgery. *Phys Ther*. 87 (1): 24-30.
2. 40 subjects given TUG at 6mo. s/p transtibial amputation. TUG scores of 19 seconds or more associated with increased risk of having multiple falls (sens. 85%, spec. 74%)  
Dite W, Connor HJ, Curtis HC. (2007). Clinical identification of multiple fall risk early after unilateral transtibial amputation. *Arch Phys Med Rehabil*. 88(1):109-14.

**Functional Gait Assessment**

Demonstrate each task and/or give instructions as written. When grading, mark the highest category that applies.  
Requirements: A marked 6-m (20-ft) walkway that is marked with a 30.48 (12-in) width.

<p><b>1. Gait level surface.</b> <i>Walk at your normal speed from here to the next mark (20 feet).</i></p> <p>3 3 Normal: Walks 6 m (20 ft) in less than 5.5 sec, no assistive device, good speed, no evidence for imbalance, normal gait pattern, deviates no more than 15.24 (6 in) outside of the 30.48-cm (12-in) walkway width.</p> <p>2 2 Mild impairment: Walks 6 m (20 ft) in less than 7 sec but greater than 5.5 sec, uses an assistive device, slower speed, mild gait deviations, or deviates 15.24-25.4 cm (6-10 in) outside of the 30.48-cm (12-in) walkway width.</p> <p>1 1 Moderate impairment: Walks 6 m (20ft), slow speed, abnormal gait pattern, evidence for imbalance, or deviates 25.4-38.1 cm (10-15 in) outside of the 30.48-cm (12-in) walkway width.</p> <p>0 0 Severe impairment: Cannot walk 6 m (20 ft) without assistance, sever gait deviations or imbalance, deviates greater than 38.1 cm (15 in) outside of the 30.48-cm (12-in) walkway width or reaches and touches the wall.</p>	<p><b>2. Change in gait speed.</b> <i>Begin walking at your normal pace (for 1.5 m [5 ft]). When I tell you "go," walk as fast as you can (for 1.5 m [5 ft]). When I tell you "slow" walk as slowly as you can (for 1.5 m [5 ft]).</i></p> <p>3 3 Normal: Able to smoothly change walking speed without loss of balance or gait deviation. Shows a significant difference in walking speeds between normal, fast, and slow speeds. Deviates no more than 15.24 (6 in) outside of the 30.48-cm (12-in) walkway width.</p> <p>2 2 Mild impairment: Is able to change speed but demonstrates mild gait deviations, deviates 15.24-25.4 cm (6-10 in) outside of the 30.48-cm (12-in) walkway width, or not gait deviations but unable to achieve a significant change in velocity, or uses an assistive device.</p> <p>1 1 Moderate impairment: Makes only minor adjustments to walking speed, or accomplishes a change in speed with significant gait deviations, deviates 25.4-38.1 cm (10-15 in) outside the 30.48-cm (12-in) walkway width, or changes speed but loses balance but is able to recover and continue walking.</p> <p>0 0 Severe impairment: Cannot change speeds, deviates greater than 38.1 cm (15-in) outside 30.48-cm 912-in) walkway width, or loses balance and has to reach for wall or be caught.</p>
<p><b>3. Gait with horizontal head turns.</b> <i>Walk from here to the next mark 6 m (20 ft) away. Begin walking at your normal pace. Keep walking straight after 3 steps, turn your head to the right and keep walking straight while looking to the right. After 3 more steps, turn your head to the left and keep walking straight while looking left. Continue alternating looking right and left every 3 steps until you have completed 2 repetitions in each direction.</i></p> <p>3 3 Normal: Performs head turns smoothly with no change in gait. Deviations no more than 15.24 (6 in) outside 30.48-cm (12-in) walkway width.</p> <p>2 2 Mild impairment: Performs head turns smoothly with slight change in gait velocity (e.g. minor disruption to smooth gait path), deviates 15.24-25.4 (6-10 in) outside 30.48-cm (12-in) walkway width, or uses assistive device.</p> <p>1 1 Moderate impairment: Performs head turns with moderate change in gait velocity, slows down, deviates 25.4-38.1 cm (10-15 in) outside 30.48-cm (12-in) walkway width but recovers, can continue to walk</p> <p>0 0 Severe impairment: Performs task with severe disruption of gait (e.g. staggers 38.1 cm [15 in] outside 30.48-cm [12-in] walkway width, loses balance, stops, or reaches for wall).</p>	<p><b>4. Gait with vertical turns.</b> <i>Walk from here to the next mark 6 m (20 ft) away. Begin walking at your normal pace. Keep walking straight after 3 steps, tip your head up and keep walking straight while looking up. After 3 more steps, tip your head down and keep walking straight while looking down. Continue alternating looking up and down every 3 steps until you have completed 2 repetitions in each direction.</i></p> <p>3 3 Normal: Performs head turns with no change in gait. Deviations no more than 15.24 (6 in) outside 30.48-cm (12-in) walkway width.</p> <p>2 2 Mild impairment: Performs head turns smoothly with slight change in gait velocity (e.g. minor disruption to smooth gait path), deviates 15.24-25.4 (6-10 in) outside 30.48-cm (12-in) walkway width, or uses assistive device.</p> <p>1 1 Moderate impairment: Performs head turns with moderate change in gait velocity, slows down, deviates 25.4-38.1 cm (10-15 in) outside 30.48-cm (12-in) walkway width but recovers, can continue to walk</p> <p>0 0 Severe impairment: Performs task with severe disruption of gait (e.g. staggers 38.1 cm [15 in] outside 30.48-cm [12-in] walkway width, loses balance, stops, or reaches for wall).</p>
<p><b>5. Gait and pivot turn.</b> <i>Begin walking at your normal pace. When I tell you, "turn and stop," turn as quickly as you can to face the opposite direction and stop.</i></p> <p>3 3 Normal: Pivot turns safely within 3 seconds and stops quickly with no loss of balance.</p> <p>2 2 Mild impairment: Pivot turns safely in &gt; 3 seconds and stops with no loss of balance, or pivots safely within 3 seconds and stops with mild imbalance, requires small steps to catch balance.</p> <p>1 1 Moderate impairment: Turns slowly, requires verbal cueing, or requires several small steps to catch balance following turn and stop.</p> <p>0 0 Severe impairment: Cannot turn safely, requires assistance to turn and stop.</p>	<p><b>6. Step over obstacle.</b> <i>Begin walking at your normal speed. When you come to the shoebox, step over it, not around it, and keep walking.</i></p> <p>3 3 Normal: Is able to step over 2 stacked shoe boxes taped together (22.86 cm [9 in] total height) without changing gait speed; no evidence of imbalance.</p> <p>2 2 Mild impairment: Is able to step over one shoe box (11.43 cm [4.5 in] total height) without changing gait speed; no evidence of imbalance.</p> <p>1 1 Moderate impairment: Is able to step over one shoe box (11.43 cm [4.5 in total height) but must slow down and adjust steps to clear box safely. May require verbal cuing.</p> <p>0 0 Severe impairment: Cannot perform without assistance.</p>

Patient Name: \_\_\_\_\_

<p><b>7. Gait with narrow base of support.</b> <i>Walk on the floor with arms folded across the chest, feet aligned heel to toe in tandem for a distance of 3.6 m (12 ft). The number of steps taken in a straight line are counted for a maximum of 10 steps.</i></p> <p>3 3 Normal: Is able to ambulate for 10 steps heel to toe with no staggering.</p> <p>2 2 Mild impairment: Ambulates 7-9 steps.</p> <p>1 1 Moderate impairment: Ambulates 4-7 steps.</p> <p>0 0 Severe impairment: Ambulates less than 4 steps heel to toe or cannot perform without assistance.</p>	<p><b>8. Gait with eyes closed.</b> <i>Walk at your normal speed from here to the next mark (6 m [20 ft]) with your eyes closed.</i></p> <p>3 3 Normal: Walks 6 m (20 ft), no assistive devices, good speed, no evidence of imbalance, normal gait pattern, deviates no more than 15.24 cm (6 in) outside 30.48-cm (12-in) walkway width. Ambulates 6 m (20 ft) in less than 7 seconds.</p> <p>2 2 Mild impairment: Walks 6 m (20 ft), uses assistive device, slower speed, mild gait deviations, deviates 15.24-25.4 cm (6-10 in) outside 30.48-cm (12-in) walkway width. Ambulates 6 m (20 ft) in less than 9 seconds but greater than 7 seconds.</p> <p>1 1 Moderate impairment: Walks 6 m (20 ft), slow speed, abnormal gait pattern, evidence for imbalance, deviates 25.4-38.1 (10-15 in) outside 30.48-cm (12-in) walkway width. Requires no more than 9 seconds to ambulate 6 m (20 ft).</p> <p>0 0 Severe impairment: Cannot walk 6 m (20 ft) without assistance, severe gait deviations or imbalance, deviates greater than 38.1 cm (15 in) outside 30.48-cm (12-in) walkway width or will not attempt task.</p>
<p><b>9. Ambulating backwards.</b> <i>Walk backwards until I tell you to stop.</i></p> <p>3 3 Normal: Walks 6 m (20 ft), no assistive devices, good speed, no evidence for imbalance, normal gait pattern, deviates no more than 15.24 cm (6 in) outside 30.48-cm (12-in) walkway width.</p> <p>2 2 Mild impairment: Walks 6 m (20 ft), uses assistive device, slower speed, mild gait deviations, deviates 15.24-25.4 cm (6-10 in) outside 30.48-cm (12-in) walkway width.</p> <p>1 1 Moderate impairment: Walks 6 m (20 ft), slow speed, abnormal gait pattern, evidence for imbalance, deviates 25.4-38.1 cm (10-15 in) outside 30.48-cm (12-in) walkway width.</p> <p>0 0 Severe impairment: Cannot walk 6 m (20 ft) without assistance, severe gait deviations or imbalance, deviates greater than 38.1 cm (15 in) outside 30.48-cm (12-in) walkway width or will not attempt task.</p>	<p><b>10. Steps.</b> <i>Walk up these stairs as you would at home (i.e. using the rail if necessary). At the top, turn around and walk down.</i></p> <p>3 3 Normal: Alternating feet, no rail.</p> <p>2 2 Mild impairment: Alternating feet; must use rail.</p> <p>1 1 Moderate impairment: Two feet to a stair; must use rail.</p> <p>0 0 Severe impairment: Cannot do safely.</p>
<p><b>Initial Total FGA Score:</b> _____ /30  <b>Date:</b> _____  <b>PT:</b> _____</p>	<p><b>Discharge Total FGA Score:</b> _____ /30  <b>Date:</b> _____  <b>PT:</b> _____</p>

**Oral Health Examination Form**

**Patient Name:**

**DOB:**

**Chief complaint:**

**Pain Scale (0/10 – 10/10):**

**1. Extra-Oral and Intra-Oral Examination (Any lesion)**

Area:	YES	NO
Head, Neck and Face	<input type="checkbox"/>	<input type="checkbox"/>
TMJ	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>
Salivary Glands	<input type="checkbox"/>	<input type="checkbox"/>
Saliva	<input type="checkbox"/>	<input type="checkbox"/>
Lips	<input type="checkbox"/>	<input type="checkbox"/>
Commissures	<input type="checkbox"/>	<input type="checkbox"/>
Buccal Mucosa	<input type="checkbox"/>	<input type="checkbox"/>
Palate	<input type="checkbox"/>	<input type="checkbox"/>
Pharynx	<input type="checkbox"/>	<input type="checkbox"/>
Floor of the mouth	<input type="checkbox"/>	<input type="checkbox"/>
Gingiva	<input type="checkbox"/>	<input type="checkbox"/>
Tongue	<input type="checkbox"/>	<input type="checkbox"/>

**Comment: (Describe for any "Yes" answer)**

**2. Dental Examination (Please indicate the tooth numbers for corresponding field)**

Missing	
Decay	
Filling	
Comment	

**3. Periodontal Examination**

Condition	YES	NO
Inflammation	<input type="checkbox"/>	<input type="checkbox"/>
Recession	<input type="checkbox"/>	<input type="checkbox"/>
Plaque	<input type="checkbox"/>	<input type="checkbox"/>
Calculus	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>

**Oral Hygiene Status:**

**Comment:**

**4. Prosthesis Examination (If patient is wearing removable prosthesis)**



Interprofessional Geriatric Curriculum Program

DENTAL SCREENING Date:

Resident's name \_\_\_\_\_

Student's name \_\_\_\_\_

Faculty's name \_\_\_\_\_

Group \_\_\_\_\_

*The resident has received a dental screening at Tres Lomas. This is a "basic" screening performed with a dental mirror and tongue depressor and does not take the place of a regular check-up and x-rays.*

As of this date, this screening indicates the following for the resident:

- \_\_\_\_ (3)      **URGENT CARE NEEDED**  
Please call your dentist **right away** for pain, injury or dental conditions that need immediate care.
- \_\_\_\_ (2)      **DENTAL CARE NEEDED**  
A Dentist will need to thoroughly examine teeth **within a couple of weeks** to determine if treatment is needed such as fillings, cleaning, prosthetic device etc.
- \_\_\_\_ (1)      **TEETH AND GUMS APPEAR HEALTHY**  
However, this was only a screening. The resident should have **regular check-ups every 6-12 months** by a dentist.

The resident has been to a dentist during the last year.

It is recommended that the resident improve dental cleaning/brushing/flossing at home.

It is recommended that the resident talk to his/her dentist in the near future about advice on preventive dental care.

---

**NEED TO FIND A DENTIST?**

**If you need the name of a dentist who accepts Medi-Cal, please call:**

Medi-Cal (800) 322-6384

**If you need low cost dental care, please call:**

PCC Dental Hygiene Clinic (626) 585-7241  
Arroyo Vista Family Health Center (323) 254-5221  
Martin Luther King/Drew Medical Center (Extraction only) (310) 668-4210  
Pediatric and Family Medical Center (213) 747-5542 x 3316  
LAC/USC Health Care Network (Extraction only) (323) 409-5013  
Saint John's Well Child Center (213) 749-0947  
UCLA School of Dentistry (310) 206-3904  
El Monte Comprehensive Health Center (626) 579-8391  
Ostrow School of Dentistry of USC (213) 740-2805

Pacoima  
Meet Each Need with Dignity (MEND) (818) 896-0246

Van Nuys  
Valley Care/Mid Valley Health Center (818) 947-4023

# Social Work

## Geriatric Psychosocial Assessment Outline

### Identifying Data:

- Basic demographic information (age, gender, race/ethnicity, language of preference, marital status, education level, living situation or setting)

### Referral Source and Presenting Problem:

- How/why was the client referred? Who is requesting help and for what problem? Is the client voluntary or involuntary? Who provided this information (client, family, other, agency records?)
- Using the client's or informant's own words, what is the problem, or reason for seeking services?

### Description of Presenting Problem:

- Clear description of issue, behavior or symptoms, and length of time problem has been present.
- Why is the client seeking help or being referred now? Try to separate the current problem or episode from past history or problems.
- What events or stressors or losses have led to the current request for help? If no clear precipitant, are the problems recent or long-term?
- Provide a brief statement about prior service use, length of treatment, hospitalizations, medications, etc., if applicable.

### Observational Assessment:

- Description of the client's appearance and behavior during the assessment period. (e.g., observed behavior, level of cooperation, ability to relate to interviewer, any symptoms or unusual behavior during the initial assessment period).
- A formal mental status may be used in some settings.
- Indicators of current or suspected maltreatment, neglect (including self-neglect), abuse.

### Relevant Past, Social and Medical /Psychiatric History

- Describe prior functioning (baseline or period of best functioning) before the onset of current problems (prior coping or areas of mastery, e.g., school, occupation, social relationships)
- Summarize prior life change events
- Summarize medical and psychiatric treatment history.
- Include history of trauma, losses.
- History of medical problems, substance use, legal issues, immigration.
- Relevant early family or developmental events.
- Current functioning, social supports: access to, or lack of, family, other caregivers; functioning level at work or school, or place of residence (e.g., facility).

### Economic/Neighborhood History

- Economic situation (source and amount of income, lifestyle, housing; adequacy, cost).
- Neighborhood (level of violence, safety, convenience, cultural congruence, accessibility to needed services)

### Formulation/Evaluation

- Start with restating key identifying information, presenting problem and referral source.
- Present your understanding of the problem, the causes, and your analysis of the most important factors affecting the problem.
- State your impressions of the client's ability to use services, and motivation towards. What are the client's strengths, protective factors or risk factors affecting capacity for change?

### Treatment or Intervention Plan:

- Describe in a brief narrative format your intervention based on the assessment and formulation/evaluation.

## Home Safety Checklist

Safety Item	Yes	No	Comment
1. Are the emergency numbers kept by the phone and regularly updated?			
2. Do family members and other caregivers know how to report an emergency?			
3. Are patient, family, and caregivers aware of the dangers of smoking, especially in bed?			
4. If oxygen is used, do patient and caregiver know correct use of equipment, how to operate and clean it correctly?			
5. Are firearms stored unloaded and locked up?			
6. Are all poisons (medications, detergents, insecticides, cleaning fluids, polishes, etc.) kept out of reach of children and discarded when no longer needed?			
7. Is there a fire alarm and extinguisher? Do patient and caregivers know how to use it?			
8. Do the family and caregivers have an escape plan in case of fire or other disaster?			
9. Are throw rugs eliminated or fastened down?			
10. Are all electrical cords in working order, in the open, and not run under rugs or carpets or wrapped around nails?			
11. Are non-slip mats placed in bathtubs and showers?			
12. Are banisters or railing placed along stairways?			
13. Are stairs, halls, and doorways free of Clutter?			
14. Are all steps and sidewalks clear of tools toys, and other articles?			
15. Does adaptive or medical support equipment function adequately?			
16. Do patient and caregivers know safe and effective use of equipment?			
17. Do patient and caregivers know procedures to follow if equipment malfunctions?			

**USC INTER-PROFESSIONAL GERIATRICS CLINICAL EXPERIENCE  
RESIDENT FOLLOW-UP FORM**

Date \_\_\_\_\_ Today's Faculty Advisor \_\_\_\_\_

Group # \_\_\_\_\_ Student's Name \_\_\_\_\_ Email \_\_\_\_\_

(Resident's Name) \_\_\_\_\_ participated today in an inter-professional education and training with students and faculty from USC health professional schools. During the session the following issues/concerns were noted which may require further attention or follow-up:

1.
2.
3.
4.
5.
Additional comments:

\_\_\_\_\_  
Faculty Signature

**USC INTER-PROFESSIONAL GERIATRICS CLINICAL EXPERIENCE  
RESIDENT FOLLOW-UP FORM ( GROUP SUMMARY )**

Date \_\_\_\_\_ Today's Faculty Supervisor \_\_\_\_\_

Group # \_\_\_\_\_

(Resident's Name) \_\_\_\_\_ participated today in an inter-professional education and training with students and faculty from USC health professional schools. During the session the following issues/concerns were noted which may require further attention or follow-up:

1.
2.
3.
4.
5.
Additional comments:

\_\_\_\_\_  
**Faculty Supervisor Signature**

**IPGC TEAM GROUND RULES**

1. Faculty role is to serve as facilitators, not leaders
2. Respect for one another and the resident, is expected
3. Every team member gets a time to speak and contribute
4. Active listening when other team members are speaking is expected.
5. Encourage questions between team members
6. Overlap in roles is expected.

**ADDITIONAL TEAM QUESTIONS FOR THE DAY**

1. How did we do today as a team?
2. What enabled/supported our collaboration?
3. Were team members heard and respected, if not, how can we improve?
4. Did anything interfere with ability to contribute?
5. What else might improve our interaction?
Additional comments:

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, TOTAL:   
please refer to accompanying scoring card).

<p><b>10.</b> If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
--	--

# PHQ-9 Patient Depression Questionnaire

## For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

## *Consider Major Depressive Disorder*

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

## *Consider Other Depressive Disorder*

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

## **To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:**

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

## **Scoring: add up all checked boxes on PHQ-9**

**For every ✓** Not at all = 0; Several days = 1;  
More than half the days = 2; Nearly every day = 3

## **Interpretation of Total Score**

<b>Total Score</b>	<b>Depression Severity</b>
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD ® is a trademark of Pfizer Inc.



CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

DATE COMPLETED:

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15636(a)]

Form section A containing fields for victim name, age, date of birth, SSN, gender, ethnicity, language, address, city, zip code, and telephone.

B. SUSPECTED ABUSER Check if Self-Neglect

Form section B containing fields for abuser name, address, zip code, telephone, gender, ethnicity, age, D.O.B., height, weight, eyes, and hair.

C. REPORTING PARTY: Check appropriate box if reporting party waives confidentiality to:

Form section C containing fields for reporting party name, signature, occupation, agency name, and contact information.

D. INCIDENT INFORMATION - Address where incident occurred:

Form section D containing fields for incident date/time and place of incident.

E. REPORTED TYPES OF ABUSE (CHECK ALL THAT APPLY).

Form section E containing two columns of checkboxes for types of abuse: Perpetrated by others and Self-neglect.

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.).

G. TARGETED ACCOUNT

Form section G containing fields for account number, type of account, trust account, power of attorney, and direct deposit.

H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (family, significant others, neighbors, medical providers and agencies involved, etc.)

Form section H containing fields for name, address, telephone number, and relationship of the other person.

I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).

Form section I containing fields for name, address, city, zip code, telephone, and relationship of the responsible person.

J. TELEPHONE REPORT MADE TO: Local APS, Local Law Enforcement, Local Ombudsman, Calif. Dept. of Mental Health, Calif. Dept. of Developmental Services

Form section J containing fields for name of official contacted, telephone number, and date/time.

K. WRITTEN REPORT Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

Form section K containing fields for agency name, address or fax number, and date mailed/faxed.

L. RECEIVING AGENCY USE ONLY Telephone Report, Written Report

Form section L containing fields for report received by, assigned to, approved by, cross-reported to, and APS/Ombudsman/Law Enforcement Case File Number.

## REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

### PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "**Elder**," means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). "**Dependent Adult**," means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

### COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete items with an asterisk (\*) when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

### REPORTING RESPONSIBILITIES

Mandated reporters (see definition below under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect, (self-neglect), isolation, and abandonment (see definitions in WIC Section 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma Developmental Center, Lanterman Developmental Center, Porterville Developmental Center, Fairview Developmental Center, or Agnews Developmental Center).

### WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

### REPORTING PARTY DEFINITIONS

Mandated Reporters (WIC) "15630 (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter."

Care Custodian (WIC) "15610.17 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease Day Care Resource Centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The Office of the State Long-Term Care Ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy

## GENERAL INSTRUCTIONS (Continued)

agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults."

Health Practitioner (WIC) "15610.37 'Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner."

Officers and Employees of Financial Institutions (WIC) "15630.1. (a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions. (b) As used in this section, the term "financial institution" means any of the following: (1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)). (2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)). (3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786 (r)). (c) As used in this section, "financial abuse" has the same meaning as in Section 15610.30. (d)(1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, records, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency."

### MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

### IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCO coordinators, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

### FAILURE TO REPORT

Failure to report by mandated reporters (as defined under "Reporting Party Definitions") any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

## GENERAL INSTRUCTIONS (Continued)

### EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

- (1) The mandated reporter is aware that there is a proper plan of care.
- (2) The mandated reporter is aware that the plan of care was properly provided and executed.
- (3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
- (4) The mandated reporter reasonably believes that the injury was not the result of abuse.

### DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS BUREAU.