

Collateral Report on Overall Health

Instructions: To be completed by a **family member, friend, or caregiver**. (1) First, answer the two yes/no questions on the top row. (2) Then, in each column, check THE BOX that **BEST** describes the person's **USUAL** abilities at home.

	IS THE PERSON WALKING AT THEIR USUAL LEVEL TODAY? <input type="checkbox"/> yes <input type="checkbox"/> no			IS THE PERSON THEIR USUAL SELF TODAY IN TERMS OF MEMORY? <input type="checkbox"/> yes <input type="checkbox"/> no
	Usual Mobility (getting round)	Social	Daily Tasks	Memory
1	<input type="checkbox"/> Fit, exercises regularly (e.g. swimming, exercise class)	<input type="checkbox"/> In charge of organizing social events	<input type="checkbox"/> Still working at a job or high level hobby (e.g. building model airplanes)	<input type="checkbox"/> Impresses others with memory and thinking
2 & 3	<input type="checkbox"/> Active/exercises occasionally	<input type="checkbox"/> Socializes weekly and would have someone to count on if needed	<input type="checkbox"/> Can do all the things they used to do without any help, but finds it harder	<input type="checkbox"/> Person is worried about memory, but family (caregiver) is not concerned
4	<input type="checkbox"/> Starting to slow down and often tired during the day	<input type="checkbox"/> Socializes less than weekly OR might not have someone to count on if needed	<input type="checkbox"/> Not dependent on others but symptoms often limit activities	CONCERNS: (choose any that apply)
5	<input type="checkbox"/> Walking slower and regularly needs a cane or walker	<input type="checkbox"/> Socializes rarely	<input type="checkbox"/> Needs help with some everyday activities that they could previously do alone such as housework, or banking, or taking medications correctly	<input type="checkbox"/> Trouble remembering details of current news and/or recent events
6	<input type="checkbox"/> Needs the help of another person when using stairs, walking on uneven ground or getting in/out of the bath OR <input type="checkbox"/> Has fallen more than once in the past 6 months (not on ice)	<input type="checkbox"/> Mostly house-bound	<input type="checkbox"/> Needs help with all activities outside the home (e.g. banking, shopping) and reminders for some activities in the home such as choosing appropriate/fresh clothes for the day or reminders to bathe	<input type="checkbox"/> Often repeats stories or questions
7	<input type="checkbox"/> Always needs someone's help or supervision when walking OR <input type="checkbox"/> Requires help using a wheelchair	<input type="checkbox"/> House-bound and isolated: OR <input type="checkbox"/> Caregiver stress/or no available caregiver to meet care needs	<input type="checkbox"/> Needs the help of another for bathing, toileting or dressing	<input type="checkbox"/> Often forgets the names of close family members such as adult children
8	<input type="checkbox"/> Unable to get out of bed and needs help from others to move from bed to chair	<input type="checkbox"/> Unable to participate in any social exchange, even when visited	<input type="checkbox"/> Depends on others for all aspects of daily life	<input type="checkbox"/> Trouble remembering almost everything

Name of Collateral _____ Signature (collateral) _____ Relationship _____

FACT Cognitive Assessment

Explanation for testing: *“Part of my role is to look at your overall health, so I’m going to ask you some questions which may not seem to be related to the reason that you’re here today”*

1. Ask the patient to, “Repeat the following 3 words and remember them for later:

APPLE PENNY WATCH

2. Have the patient “Draw a clock” on a separate piece of blank paper (provided) “and place the hands of the clock at ten minutes after eleven.”

3. Ask the patient “What were those words I asked you to remember?” and record their answer in the space below:

Answers must be exact (e.g. “clock” is not acceptable).

4. Determine a cognitive score by following the Cognitive Flow Sheet

Assessor _____

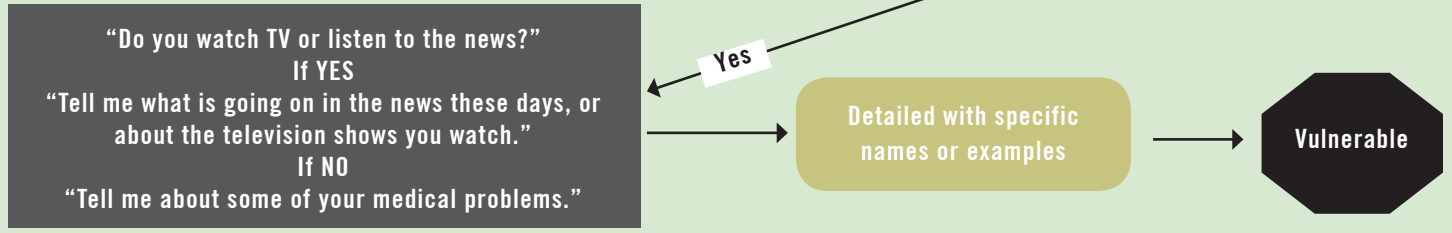
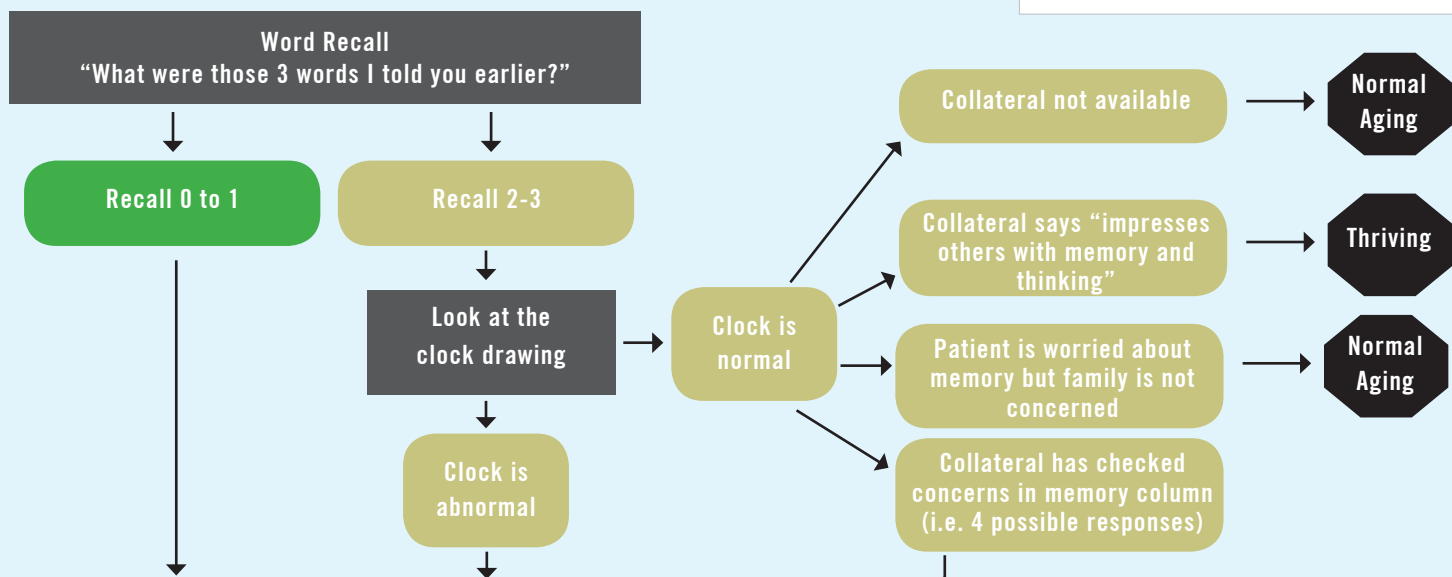
Date _____

Clock Drawing Task

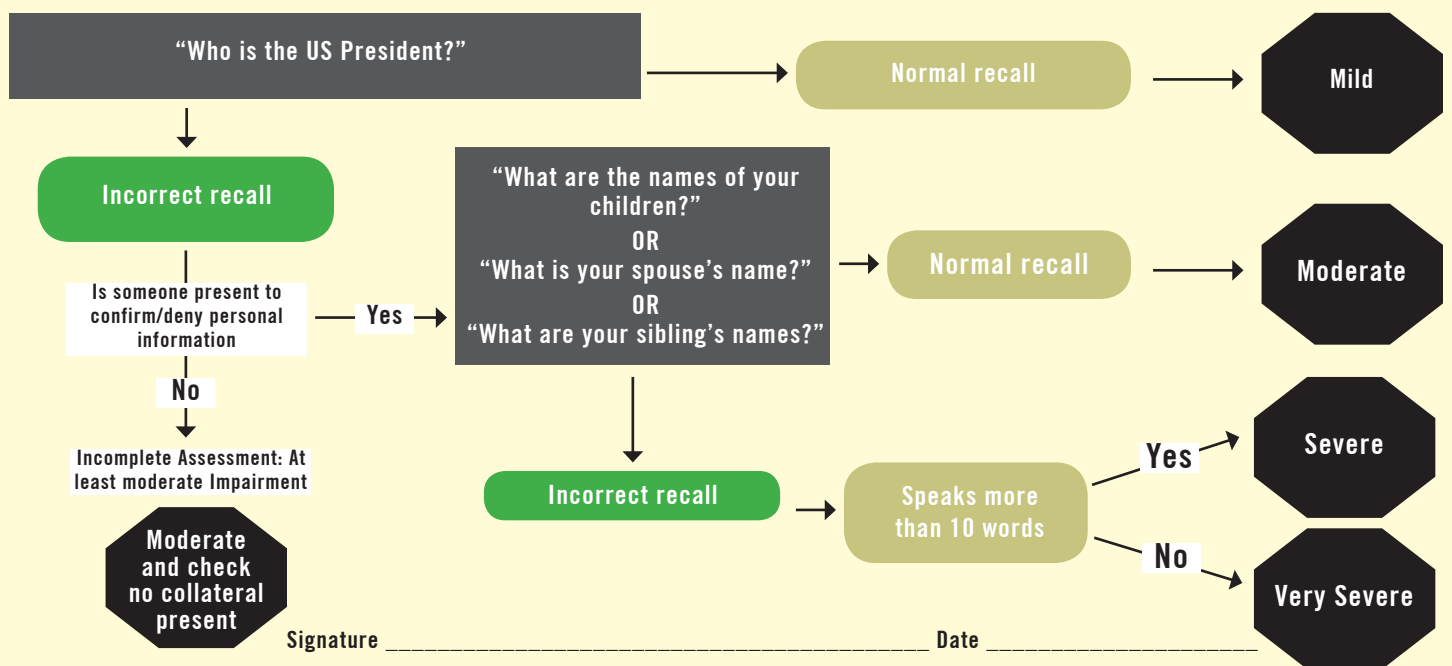
Have the patient draw a clock on the space below and place the hands of the clock at “ten minutes after eleven.”

Date _____

FACT Cognitive Assessment Algorithm



Describe answers given to above questions:



Signature _____ Date _____

Frailty Assessment for Care-planning Tool (FACT)

FINAL SCORING SHEET



	Mobility is at baseline? <input type="radio"/> YES <input type="radio"/> NO			Cognition is at baseline? <input type="radio"/> YES <input type="radio"/> NO
	Baseline Mobility	Social	Function	Cognition
1. Thriving	<input type="radio"/> Fit, exercises regularly (among fittest for age)	<input type="radio"/> In charge of organizing social events	<input type="radio"/> Still working at job or high level hobby	<input type="radio"/> Thriving: impresses others with memory and thinking
2+3. Normal Aging	<input type="radio"/> Active/exercises occasionally	<input type="radio"/> Socializes weekly & would have a caregiver if needed	<input type="radio"/> Subjective impairment (i.e. Does everything on own but finds things more difficult)	<input type="radio"/> Normal aging: patient worried about memory but family (caregiver) is not <input type="radio"/> Normal aging: patient worried, collateral not available
4. Vulnerable	<input type="radio"/> Starting to slow down and often tired during the day	<input type="radio"/> Socializes less than weekly OR might not have a caregiver if needed	<input type="radio"/> Not dependent on others but symptoms often limit activities	<input type="radio"/> Vulnerable: minor deficits on testing (cognitive impairment, not dementia)
5. Mild	<input type="radio"/> Walking slower and regularly uses (or should use) a cane or walker	<input type="radio"/> Socializes rarely	<input type="radio"/> Needs help with some instrumental activities of daily living (IADLS) (e.g. housework, banking or medications)	<input type="radio"/> Mild stage dementia: Vague/incorrect recall of current events, can recall name of US president
6. Moderate	<input type="radio"/> Needs help of another person when using stairs, walking on uneven ground, or getting in/out of bath OR Has fallen more than once in the past 6 months, excluding slip on ice	<input type="radio"/> Mostly house-bound	<input type="radio"/> Needs assistance or dependent for IADLS and cueing with basic activities of daily living (BADLS) (e.g. help choosing what to wear or requires reminders to bathe)	<input type="radio"/> Moderate stage dementia: Incorrect recall of US President, can recall name of children/spouse <input type="radio"/> No collateral present
7. Severe	<input type="radio"/> Always needs someone's help or supervision when walking OR Unable to propel self in manual wheelchair	<input type="radio"/> House-bound and isolated OR caregiver stress/or no available caregiver to meet care needs	<input type="radio"/> Needs hands on help with BADLS (bathing, toileting, dressing)	<input type="radio"/> Severe stage dementia: Unable to name children, spouse or siblings
8. Very Severe	<input type="radio"/> Bed bound, unable to participate in transfers	<input type="radio"/> Unable to participate in any social exchange, even when visited	<input type="radio"/> Dependent for all aspects of daily life	<input type="radio"/> Very severe stage dementia: Limited language skills with few words verbalized
9. Terminal	<input type="radio"/> Terminally ill with a life expectancy \leq 6 months regardless of function, cognition or mobility status			

Compatible with: Rockwood K. CMAJ 2005;173:389-95;Borson S. Int J Geriatr Psychiatry 2000;Nov 15(11):1021-27; and Reisberg B. Psychoparmacol Bull 1988;24:629-36.

Signature _____ Date _____