



Patient-Centered Medical Home Annual Questionnaires

As part of SETMA's Patient-Centered Medical Home, we annually complete five questionnaires for each patient seen to assess the following:

- Fall Risk
- Pain Assessment
- Functional Assessment
- Wellness
- Stress

The standard is that each should be completed on all patients at least once a year and more frequently if a change in conditions dictates. The Fall Risk should be completed on all patients over 50 and on younger patients who as a result of chronic condition are at risk of falling.

Provider performance on these questionnaires is publicly reported below. The content of the questions are as follows:

Fall Risk Assessment

Last Updated/Reviewed

Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

Alert

Disoriented

Intermittent Confusion

3. Ambulation/Elimination Status

Ambulatory/Continent

Chair Bound (Requires restraints and assist with elimination)

Ambulatory/Incontinent

5. Gait/Balance

Gait/Balance Normal

Balance problem while standing

Balance Problem while walking

Decreased muscular coordination

Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)

Jerking or unstable when making turns

Change in gait pattern when walking through the doorway

7. Medications

NONE of these medication taken currently or within last 7 days

Takes 1-2 of these medications currently and/or within last 7 days

Takes 3-4 of these medications currently and/or within last 7 days

Change in medication or dosage in last five days

(Automatically selected based on current med list)

2. History of Falls (In past 3 months)

No Falls

1-2 Falls

3 or more Falls

4. Vision Status (With or without glasses)

Adequate

Poor

Legally Blind

6. Systolic Blood Pressure (Between lying and standing)

No noted drop

Drop LESS THAN 20 mm Hg

Drop MORE THAN 20 mm Hg

8. Predisposing Diseases

None present

1-2 present

3 or more present

Return
Guidelines

Total Score

Once the Fall Risk Assessment is completed, the provider should, on the basis of the score, access the “Guidelines for Fall Precaution” and prepare a plan for preventing falls.

Guidelines for Fall Precaution

Inpatient/Nursing Home

Perform and record Neuro vital signs every hours for 48 hours.

Pharmacy Review

CBC

BMP

Urinalysis

EKG

Consult Physical Therapy

Apply Lap Buddy when up in chair.

Apply Pelvic Restraint when up in chair.

Notify family of application of and rationale for restraint device.

Implement Nursing Fall Precaution Protocol PRN.

Consult Optometry

Outpatient

Patient cautioned about increased risk of falls.

Patient cautioned to gain their balance and stability before beginning to walk after standing up.

Prescribed cane use.

Prescribed four pronged cane use.

Prescribed four legged walker.

Recommend walking only with assistance.

Prescribed wheelchair use.

Referral to PT for evaluation for physical therapy.

Referral to PT for evaluation for motorized wheelchair.

Home Health evaluation for safety.

Recommend commode and bathtub device for mobility.

Global Assessment of Functioning

Last Updated/Reviewed 04/01/2011

- 91 - 100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
- 90 - 81 Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday
- 80 - 71 If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.
- 70 - 61 Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
- 60 - 51 Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
- 50 - 41 Serious symptoms OR any serious impairment in social, occupational, or school functioning.
- 40 - 31 Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
- 30 - 21 Behavior is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
- 20 - 11 Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
- 10 - 1 Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

OK

Cancel

Source -- Global Assessment of Functioning (GAF) Scale -- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). doi:10.1176/appi.books.9780890423349.

Patient Pain Screening

Last Update/Reviewed 04/01/2011

0 1 2 3 4 5 6 7 8 9 10
None -----Mild----- -----Moderate----- -----Severe-----

Click here if the patient is unable to respond.

OK

Cancel

(Source: NIH. (2007). National Institutes of Health. Pain Intensity Scales Retrieved January 17, 2007
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Stress Assessment

Last Updated/Reviewed

Check here if the patient is unable to complete the assessment today.

Total Points Assessment

I eat at least one hot, balanced meal a day.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I get seven to eight hours of sleep at least four nights a week.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I give and receive affection regularly.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I have at least one relative within 50 miles on whom I can rely.	<input type="radio"/> None Nearby	<input type="radio"/> A Few Nearby	<input type="radio"/> Several Nearby
I exercise to the point of perspiration at least twice a week.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I smoke fewer than 10 cigarettes a day.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input checked="" type="radio"/> Always
I have fewer than 5 alcoholic drinks a week.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input checked="" type="radio"/> Always
My weight is appropriate for my height.	<input type="radio"/> Obese	<input type="radio"/> Overweight	<input checked="" type="radio"/> Healthy Weight
I have an income adequate to meet basic expenses.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I get strength from my religious beliefs.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I regularly attend club or social activities.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I have a network of friends and acquaintances.	<input type="radio"/> No Friends	<input type="radio"/> Some Friends	<input type="radio"/> Several Friends

I have one or more friends to confide in about personal matters.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I consider myself to be in good health.	<input type="radio"/> Poor Health	<input type="radio"/> Average Health	<input type="radio"/> Good Health
I am able to speak openly about my feelings when angry or worried.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I have regular conversations with the people I live with about domestic problems like chores and money.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I do something fun at least once a week.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I am able to organize my time efficiently.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I drink fewer than 3 cups of coffee (or other caffeinated drinks) a day.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always
I take some quiet time for myself during the day.	<input type="radio"/> Never	<input type="radio"/> Sometimes	<input type="radio"/> Always

The Stress Assessment based on the Score

≥ 80 points You have an excellent resistance to stress.

≥ 60 points You may be somewhat vulnerable to stress.

< 60 points You may be seriously vulnerable to stress.

(Source: University of California, Berkley Wellness Letter, August 1995. Scale Developers: Lyle Miller and Alma Dell Smith of Boston University Medical Center)

Wellness Assessment

Last Updated/Reviewed 06/15/2011

Check here if the patient is unable to complete the assessment today.

[Return](#)

[Calculate Results >>>](#)

Total Points
Assessment

How many days a week do you participate in at least 30 minutes of physical activity?

- None 1 to 3 days per week 3 to 4 days per week 5+ days per week

How many days a week do you participate in activities that increase your strength?

- None 1 day per week 2 days per week 3+ days per week

How many days a week do you participate in activities that increase your flexibility?

- None 1 day per week 2 days per week 3+ days per week

Indicate the type of grain products you usually eat.

- Only or mostly refined (white) grain products A mix of refined and whole grain products Only or mostly whole grain products

How many servings of vegetables and fruit do you eat each day?

One serving is equal to one medium or 1/2 cup vegetable or fruit, 1 cup salad, 1/2 cup juice or 1/4 cup dried fruit.

- None 1 to 2 servings 3 to 4 servings 5+ servings

How many servings of milk products do you eat daily?

One serving is equal to 1 cup milk, 3/4 cup yogurt or 2 ounces cheese.

- None 1 serving 2 servings 3+ servings

How often do you eat breakfast (more than just coffee or a roll)?

- Never or rarely Most days Every day

What is your smoking status?

Currently smoke Have smoked but quit Never smoked

How often do you feel you get the sleep you need?

Never Most nights Every night

How well are you coping with your current stress load?

Difficult to cope most days Coping fairly well Coping very well

How many alcoholic drinks do you usually have each week?
One drink is equal to 12 ounces beer, 5 ounces wine or 1.5 ounces liquor.

None 1 to 8 drinks 9 to 13 drinks 14+ drinks

Have you been told by your doctor that you have...?

Good blood pressure High blood pressure

Have you been told by your doctor that you have...?

Good cholesterol High cholesterol

Please enter your weight and height below to see if you are a healthy weight.

pounds inches BMI

Please enter your waist circumference.

inches

Wellness Assessment results based on the Score

< 5 points	Poor
5-9 points	Fair
10-19 points	Good
20-29 points	Very good
>=30 points	Excellent

(Source: University of Wisconsin, Health Promotion and Human Development Department.
Developers: Anne Abbott, Jane P. Jones and John Munson)