During Visit Assessments

3.1 BMI Table

3.2 Depression Screens

3.2.1 Patient Health Questionnaire-2 (PHQ-2) (these two questions are included in the HRA)
3.2.2 Patient Health Questionnaire-9 (PHQ-9) (Spanish, Vietnamese and Korean versions in Appendix)
3.2.3 Alternate Geriatric Depression Scale (GDS)
3.2.4 The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

3.3 Assessments of Fall Risk

3.3.1 Timed Up and Go (TUG) Test
3.3.2 Stopping Elderly Accidents, Deaths and Injuries (STEADI) Test Battery – CDC

3.4 Assessments of Cognitive Function

3.4.1 Mini-Cog
3.4.2 Montreal Cognitive Assessment (MOCA)

3.5 CAGE Questionnaire (for alcohol and drug use)

Important Notes

• Depression: only one tool needs to be administered, but you may choose from several options:
  o PHQ-2: is included in the HRA (questions 34-35). If the score of these two questions is ≥3, the PHQ-9 should be administered for additional assessment.
  o GDS: self-administered 5 item scale. If the score is ≥ 2, an additional 10-item scale can be administered. Multiple translations are available at http://web.stanford.edu/~yesavage/GDS.html (accessed June 1, 2017).
  o WEMWBS: measure of mental well-being (as opposed to mental disorder or illness). Full scoring details and registration for use of free scale available at http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/ (accessed June 1, 2017).

• Fall risk: perform the TUG test. If the TUG score indicates high fall risk, follow-up tests (i.e., STEADI) can assess additional risk factors for falls (i.e., lower body muscle weakness and balance).
  o TUG test: quick assessment (3-4 min) of functional mobility that can be used to identify patients at high fall risk.
  o STEADI tests (5-10 min): includes the TUG, 4-Stage Balance Test, and 30-second Chair Stand. Videos of how to perform these tests available at https://www.cdc.gov/steadi/materials.html (accessed June 1, 2017).
  o Fall Risk Algorithm: follow-up referral pathway based on STEADI test performance.

• Cognitive Assessment may be done through observation only, or with one of the following tools:
  o Mini-Cog: quick assessment (< 5 min) of recall and clock drawing
  o MOCA: longer test (10-15 min) that assesses 6 areas of cognitive functioning and is better at detecting mild cognitive impairment than the Mini-Cog.

• Most of these assessments could be administered by staff instead of the provider, but whichever staff member is designated to perform them should undergo training and oversight to ensure they are performed correctly.