

FUNCTIONAL DECLINE IN ELDERLY PATIENTS - FOR DR. JEFF PERRY, UNIVERSITY OF OTTAWA

Are you currently practicing family medicine AND treating patients 65 years of age and older?

Yes No

If No, please return the questionnaire in the postage paid envelope

If Yes, please complete and return the questionnaire in the postage paid envelope

A. Professional Status and Practice Settings

1. Are you: Male Female

2. Year of Birth: 19_____

3. How many years have you been practicing medicine? _____ years

4. How many years of residency training have you had in total? _____ years

5. In what setting do you perform **MOST** of your family medicine clinical activity?

Solo practice

Group practice

Hospital

Other (specify): _____

6. On average how many patients (of any age) do you see per week? _____ # patients/week

7. On average how many patients that are **65 years of age and older** do you see per week? _____ # elderly patients/week

B. Assessment for Functional Decline

8. How often do you ask elderly patients if they have difficulty performing the following activities of daily living (ADL)?

	Always	Often	Rarely	Never
a. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Taking own medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Taking care of own appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bathing/Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Getting to bathroom on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Driving or taking transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Handling finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Required Sensitivity

9. If a clinical decision rule were available to identify elderly patients at high-risk of functional decline 6 months after sustaining a minor injury (injury that is treated on an outpatient basis without being admitted), how sensitive would you require such a rule to be, before you would be willing to use it?

_____%

(Sensitivity = probability of correctly identifying a patient at high-risk of functional decline at 6 months)

D. Measuring Functional Decline

The following 14 tasks make up the Older Americans Resources and Services (OARS) Activities of Daily Living and Instrumental Activities of Daily Living (ADL/IADL) scale:

- | | | |
|------------------------------|----------------------------------|--------------------------------------|
| 1. Eating | 6. Preparing meals | 11. Driving or taking transportation |
| 2. Dressing and undressing | 7. Taking own medications | 12. Shopping for groceries |
| 3. Getting in and out of bed | 8. Taking care of own appearance | 13. Handling finances |
| 4. Walking | 9. Bathing/Showering | 14. Doing housework |
| 5. Using telephone | 10. Getting to bathroom on time | |

Each task is given a point value of 0, 1 or 2 based on ability to perform the activity:

- **2 points:** can perform the activity **without help**
- **1 point:** can perform the activity but **with some help**
- **0 points:** **completely unable** to perform the activity

10. Assuming all 14 tasks are used in determining functional decline what point drop would you say is clinically significant to imply functional decline 6 months after sustaining a minor injury? (Point drop = number of points lost due to change in ability from a baseline of being completely independent (i.e. 28 points = 14 tasks x 2 points each))

- a) Point drop if the patient has NO support at home: point drop (points lost from initial score of 28)
- b) Point drop if the patient has extensive support at home (i.e. lives with spouse/child who is able to help):
 point drop (points lost from initial score of 28)

11. If we were to only look at the basic ADL tasks (i.e. the 7 tasks listed below) what point drop would you say is clinically significant to imply functional decline 6 months after sustaining a minor injury? (Point drop = number of points lost due to change in ability from a baseline of being completely independent (i.e. 14 points = 7 tasks x 2 points each))

- | | | | |
|-----------------------------|---------------------------|---------------------------------|-----------|
| ✓ Eating | ✓ Dressing and undressing | ✓ Taking care of own appearance | ✓ Walking |
| ✓ Getting in and out of bed | ✓ Bathing/Showering | ✓ Getting to bathroom on time | |

- a) Point drop in basic ADL if the patient has NO support at home: point drop (points lost from initial score of 14)
- b) Point drop in basic ADL if the patient has extensive support at home (i.e. lives with spouse/child who is able to help):
 point drop (points lost from initial score of 14)

E. Relevance of Activities of Daily Living to Functional Decline

12. Six months after sustaining minor injury (injury that is treated on an outpatient basis without being admitted), how important do you consider each of the following tasks in terms of performance by an elderly patient who was completely independent prior to the injury? Assume the patient has NO support at home.

	Very Important	Somewhat Important	Less Important	Not Important
a. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting in and out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Taking own medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Taking care of own appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bathing/Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Getting to bathroom on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Driving or taking transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Handling finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this questionnaire. Your input is appreciated.