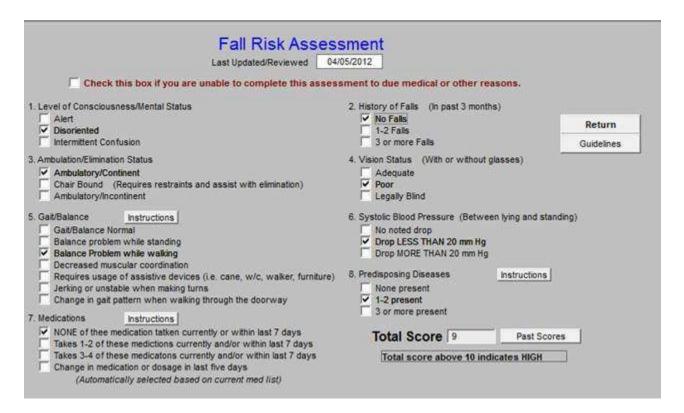
Patient-Centered Medical Home Annual Questionnaires

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:



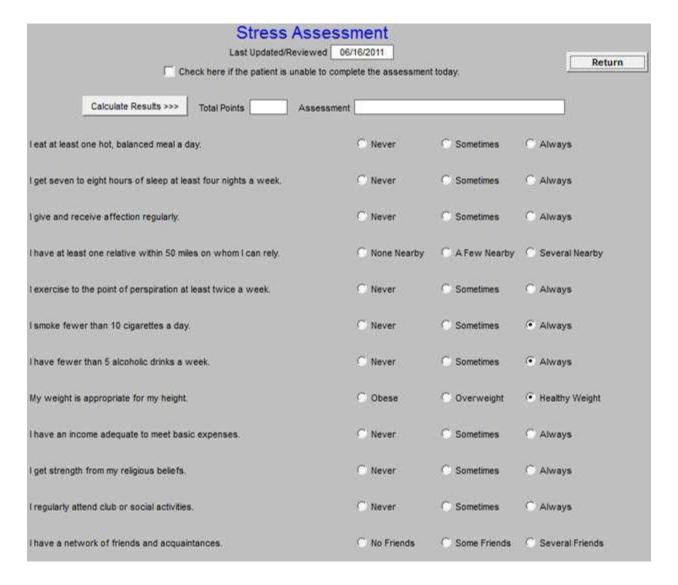
Once the Fall Risk Assessment is completed, the provider should, on the basis of the score, access the "Guidelines for Fall Precaution" and prepare a plan for preventing falls.

	Guidelines f	or Fall Pred	caution	
Inpatient/Nursing Hom		Berth (all America) District	Outpatient	
	d Neuro vital signs every hours for 48 hours	V.	Patient cautioned about increased risk of falls.	
☐ Pharmacy Review			Patient cautioned to gain their balance and stability	
Гсвс			before beginning to walk after standing up.	
□ BMP			Prescribed cane use.	
☐ Urinalysis			Prescribed four pronged cane use.	
□ EKG			Prescribed four legged walker.	
Consult Physical Therapy			Recommend walking only with assistance.	
Apply Lap Buddy when up in chair.			Prescribed wheelchair use.	
Apply Pelvic Restraint when up in chair.			Referral to PT for evaulation for physical therapy.	
Notify family of application of and rationale for restraint device.			Referral to PT for evaluation for motorized wheelchair.	
Implement Nursing Fall Precaution Protocol PRN.			Home Health evaluation for safety.	
Consult Optometry			Recommend commode and bathtub device for mobility.	
	Global Assessmer	nt of Fun	ctioning	
	Last Updated/Reviewe			
€ 91 -100	Superior functioning in a wide rage of a hand, is sought out by others because			
C 90 - 81	Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range or activities, socially effective, generally satisfied with life, no more than everyday			
C 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.			
C 70 - 61	Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.			
C 60 - 51	Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.			
C 50 - 41	Serious symptoms OR any serious impairment in social, occupational, or school functioning.			
C 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.			
C 30 - 21	Behavior is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.			
C 20 - 11	Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.			
C 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.			
	ок	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.



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



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

The Stress Assessment based on the Score

>=80 You have an excellent resistance

points to stress.

>=60 You may be somewhat vulnerable

points to stress.

<60 You may be seriously vulnerable

points 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

Return d check M re jf thepatient is unable to cofl'.1)lete: the assessmecht today Total Poilts 11' Calculate Results >>> Howrr.anydays a week doyo11pa te-11\a!Jeasl30mmrtes.-of physical actNl'f> t.to3daysptrweek ("-3lo4daysperweet: \(\mathbb{F} \) S.,doysper ✓ Hone Howmanyd1tvse weedoyou -tlclp&te t1ctlv111es thatinc:rease yourstrength?-(If ne I I dayper weet √ 2-dnysper week .J .a..-daysp°er week How tnony..s&ys e wffldoyouportq,lte:ina-cwlk:.s tl'ta:l!nereese,yOur nexblty? ;∪ None \(\mathbb{l} \) 1 day per wed (2daysperweek 3. daysper'Wtt k .-,dhtethetypeof gl'WI you •trJeat 01\\end{arrange} or most\(efined(wfite)g: ralnocooucts \quad \textit{f'.'.} A.nil: < of remodandw\\01!grail? foducts \quad ('Only or mosltf' wholeg, cab. produc: 1\) How many hl'Vilpsofveoetebl!s and fruidoyoueal eadtday? One servilg1\$equouoon.e tl)ediUm or 1h cup ve ge tableor fcull;1 CCII> tatad,112aip MCt or 1/ cup ctned fn,t. 1 to Mtv11gs I 3 to 4 stfVi'l9\$ HoWmanyffffWlga of mi1k pcoducts do youeat-dat,? OMS O ii:eq1,tal10 1 P mia. 4 cup y Ov(t or 2 ounce,ctlet\$e. /> None / I9 3+ servings HowoU'ndo·you e.atbreakfast (morethan)1stcoffee ora rot}? fj verorr.,e,y C Mo•tday C. eve,ydc,y

What is your smoking status?
Currently smoke
How often do you feel you get the sleep you need?
Never
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 C 1 to 8 drinks C 9 to 13 drinks C 14+ drinks
Have you been told by your doctor that you have?
Good blood pressure C High blood pressure
Have you been told by your doctor that you have?
● Good cholesterol
Please enter your weight and height below to see if you are a healty weight.
200 pounds 72.00 inches 27.12 BMI
Please enter your waist circumference.
34.50 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)