Annual Wellness Visit (AWV)

Assessment and Resource Toolkit

Quality Insights

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Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

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TABLE OF CONTENTS

THE ANNUAL WELLNESS VISIT SCOPE

The Annual Wellness Visit (AWV) is similar to the Welcome to Medicare Visit (WMV) that is conducted in the first 12 months of enrollment in Part B Medicare coverage. The AWV is an ongoing yearly benefit starting after 12 months of enrollment in Part B Medicare coverage. The AWV is designed to provide clinical preventive services across all three stages of disease development: 1) before disease occurs, 2) before disease is clinically evident, and 3) before established disease has made its maximal impact. The information from the AWV is used to develop or update a plan to prevent disease and disability based on the beneficiary's current health status and risk factors. The AWV involves filling out a Health Risk Assessment as part of the visit. The AWV includes:

- A review of the medical history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure and other routine measurements such as body mass index
- Detection of any cognitive impairment
- Personalized health advice
- Developing a list of risk factors and treatment options
- Utilizing a screening schedule checklist for appropriate preventive services.

The following tools can help your team implement the AWV into your practice. This comprehensive list is categorized by topic for ease of use. These items are all available online. Those denoted with an asterisk (*) are available in the appendices beginning on page 10.

Create an Annual Wellness Visit template and/or electronic Health Risk Assessment in your practice's EHR or assess your current templates and Health Risk Assessment for compliance. Contact your EHR vendor for technical assistance with building templates.

Preparing for the Visit

- **Building the Annual Wellness Visit Delivery: Seven Strategies** - https://www.metrocarephysicians.com/images/Building_the_AWV_Delivery_-_Seven_Strategies.pdf
- **Medicare Learning Network – AWV Basics** - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
- **Telephone Scripts for Visits*** – https://beacon.by/library/view/65a5f2de2c60dee6#annual-wellness-visit-phone-script-template
- **Patient Fact Sheet*** – Annual Wellness Visit - https://www.alz.org/media/documents/factsheet-medicare-annual-wellness-visit-2017.pdf

Annual Wellness Visit Flyers

Encourage your patients to get their AWV and let them know it is covered by Medicare.

- **Medicare's Annual Wellness Visit: A Tune-Up for Your Body** – https://beacon.by/library/view/65a5f2de2c60dee6#medicares-annual-wellness-visit-a-tuneup-for-your-body
- **Annual Wellness Visit: A Tune Up** – https://beacon.by/library/view/65a5f2de2c60dee6#annual-wellness-visit-a-tune-up-

Completing the Health Risk Assessment

The Health Risk Assessment should include demographic data, self-assessment of health, psychosocial risk screening, behavioral risk, independence and mobility.[1]

- **Health Risk Assessment** (large font available) – https://comagine.org/resource/1368

Visit Checklist

Ensure you are covering all of the basics during the AWV.

- **Annual Wellness Visit Checklist** – A list of items to review and verify as well as screen and assess during the visit – https://beacon.by/library/view/65a5f2de2c60dee6#annual-wellness-visit-checklist

ASSESSMENT TOPICS AND TOOLS

Alcohol Use

An annual alcohol misuse screening is covered by Medicare Part B. Some patients may qualify for counseling sessions covered at 100%.[2]

- **Alcohol Use Among Older Adults*** – http://adaiclearinghouse.net/downloads/Alcohol-Use-Among-Older-Adults-Pocket-Screening-Instruments-204.pdf
- **CMS Alcohol Misuse Screening and Counseling** – https://www.medicareinteractive.org/get-answers/medicare-covered-services/preventive-services/alcohol-misuse-screening-and-counseling

Anxiety

The following anxiety screening tools are quick and easy ways to screen for anxiety and determine if further assessment is indicated.

- **Generalized Anxiety Disorder Screener (GAD-2)** – https://www.cossapresources.org/Content/Documents/Tools/Generalized_Anxiety_Disorder_Scale_2.pdf
- **Generalized Anxiety Disorder Screener (GAD-7)** – https://www.cossapresources.org/Content/Documents/Tools/Generalized_Anxiety_Disorder_Scale_7.pdf

COVID-19 and Immunizations

Individuals who complete an AWV are more likely to receive pneumococcal and influenza vaccinations than those who do not.[3]

- **Boost Your Rates Protocol** – https://www.qualityinsights.org/qin/resources#boost-your-rates-protocol
- **Facts to Consider when Getting Flu and COVID-19 Shots Together** – https://beacon.by/library/view/65a5f2de2c60dee6#facts-to-consider-when-getting-flu-and-covid19-shots-together
- **Pneumococcal Vaccination Decision Tree** – https://beacon.by/library/view/65a5f2de2c60dee6#pneumococcal-vaccination-decision-tree
- **Quality Insights' "Adult Immunization Toolkit for Clinicians"** - Available upon request.

Depression

Depression is a true and treatable medical condition, not a normal part of aging. However, older adults are at an increased risk for experiencing depression.[4]

- **Patient Health Questionnaire (PHQ-2)** – https://aidsetc.org/sites/default/files/resources_files/PHQ-2_English.pdf
- **Patient Health Questionnaire (PHQ-9)** – https://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf
- **Alternate Geriatric Depression Scale** – http://www.ocagingservicescollaborative.org/wp-content/uploads/2014/07/3.2.3-Alternate-Geriatric-Depression-Scale.pdf

Mobility and Home Safety

Educate on falls prevention and encourage patients to report any falls to their physician. Falls account for $50 billion in annual healthcare costs, and was the leading cause of injury death for adults 65+ in 2019.[5]

- **Home Safety Checklist** – this two-page checklist offers suggested remedies to fix potential hazards – https://www.cdc.gov/steadi/pdf/check_for_safety_brochure-a.pdf
- **Stopping Elderly Accidents, Deaths & Injuries (STEADI)** – https://www.cdc.gov/steadi/
- **Stay Independent Brochure*** – https://www.cdc.gov/steadi/pdf/STEADI-Brochure-StayIndependent-508.pdf
- **The Timed Up and Go (TUG) Test*** – https://www.cdc.gov/steadi/pdf/TUG_test-print.pdf
- **The 30-Second Chair Stand Test*** – https://www.cdc.gov/steadi/pdf/STEADI-Assessment-30Sec-508.pdf
- **The 4-Stage Balance Test*** – https://www.cdc.gov/steadi/pdf/4-Stage_Balance_Test-print.pdf
- **Falls Prevention for Older Adults – National Council on Aging** – https://ncoa.org/older-adults/health/prevention/falls-prevention
- **Algorithm for Fall Risk Assessment & Interventions*** – https://www.cdc.gov/steadi/pdf/steadi-algorithm-508.pdf
- **Activity Measure Post Acute Care (AMPAC) "6 Clicks"** – https://www.tendertouch.com/wp-content/uploads/user_uploads/Training%20admin/1629903823_AM-PAC-Activity-Measure-Post-Acute-Care-Score-Sheet.pdf

Memory Assessment

Detecting a cognitive impairment is a required element of Medicare's Annual Wellness Visit (AWV)… If you detect cognitive impairment at an AWV or other routine visit, you may perform a more detailed cognitive assessment and develop a care plan during a separate visit.[6]

- **Algorithm for Assessment of Cognition*** – https://www.alz.org/media/documents/alzheimers-well-visit-algorithm.pdf
- **Mini Cog™ Screening for Cognitive Impairment in Older Adults** – https://www.alz.org/media/documents/mini-cog.pdf
- **Montreal Cognitive Assessment (MoCA) Form*** – https://mocacognition.com/paper/
- **Montreal Cognitive Assessment (MoCA) Administration and Scoring Instructions*** – https://www.mocatest.org/wp-content/uploads/2015/tests-instructions/MoCA-Instructions-English_2010.pdf
    - Administering the MoCA requires certification.

Medication

The AWV provides an opportunity to address medication reconciliation and disposal. This should include reviewing all use and exposure to all medications including supplements and vitamins.[7]

- **AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults** – https://www.americangeriatrics.org/media-center/news/older-people-medications-are-common-updated-ags-beers-criteriar-aims-make-sure
- **High-Risk Medications in the Elderly** – https://professionals.optumrx.com/content/dam/optum3/professional-optumrx/resources/High_Risk_Medications_Elderly.pdf
- **Medication Reconciliation Guide for Health Care Professionals** – https://www.ctc-ri.org/sites/default/files/uploads/07%20Medication-Reconciliation-Guide-for-HCPs.pdf

State-Specific Medication Disposal Programs

Proper medication disposal could be a matter of life-and-death and impacts the nationwide opioid crisis. Additionally, data collected about poison control center calls in 2015-2019 showed that pain medications were a leading cause of death among children. [8]

- Pennsylvania
  - **Pennsylvania Department of Drug and Alcohol Programs: Prescription Drug Take-Back Program** – https://www.ddap.pa.gov/Prevention/pages/drug_take_back.aspx
  - **Prescription Drug Take-Back Program Locations** - https://www.ddap.pa.gov/GetHelp Now/Pages/Find-a-Drug-Take-Back-Location.aspx
- West Virginia
  - **Prescription Drug Disposal Location** – https://ago.wv.gov/consumerprotection/Fighting Substance Abuse/Pages/Prescription-Drug-Disposal-Locations.aspx
  - **Kanawha County Sheriff's Office** - https://www.kanawhasheriff.us/services/prescription-drug-take-back/

End of Life Care and Honoring Care Decisions

Research has found, for example, that most adults (90%) say they would prefer to receive end-of-life care in their home if they were terminally ill, yet data show that only about one-third of Medicare beneficiaries (aged 65 and older) died at home.[9]

- **Palliative Care and Oranges: A Story About Managing Illness** - https://youtu.be/8pRt1Q0Qljg
- **West Virginia Center for End-of-Life Care** – http://www.wvendoflife.org/

- **Pennsylvania Orders for Life-Sustaining Treatment (POLST)** – https://www.health.pa.gov/topics/Documents/EMS/DOH%20POLST%20Form%20English.pdf
- **Planning for Your Future: Know Your Choices. Share Your Wishes.** – https://beacon.by/library/view/65a5f2de2c60dee6#planning-for-your-future-know-your-choices-share-your-wishes
- **CDC Advance Care Planning – Selected Resources for the Public** – https://www.cdc.gov/aging/pdf/acp-resources-public.pdf
- **Advance Care Planning** – https://www.medicare.gov/coverage/advance-care-planning

Preventive Plans

Prevention is at the center of the Annual Wellness Visit. Complete the Initiative Preventative Physical Exam (IPPE) within the first 12 months after Part B eligibility. Subsequent AWV should address Personalized Prevention Plan Services (PPPS).[1]

- **Preventive Services for Medicare Beneficiaries** – https://www.medicare.gov/coverage/preventive-screening-services
- **Medicare Preventive Services** – https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html

OTHER RESOURCES

Chronic Care Management

Chronic Care Management (Good news. We've been doing this all along.)

- Medication reconciliation
- Medication management (refills, prior-authorizations, etc.)
- Forms (DME, DMV, etc.)
- Coordination of care (referrals- consultants/home health/ PT/OT)
- Transitions across care domains (Hospital <-> ER <-> Office <-> Home)

Create an Annual Wellness Visit template and/or electronic Health Risk Assessment in your practice's EHR or assess your current templates and Health Risk Assessment for compliance. Contact your EHR vendor for technical assistance with building templates.

Overall Benefits of Chronic Care Management

- Patients will receive improved care
  - Increased touches with patients (patient better educated/more satisfied)
  - Identifying patient needs before known
  - Refilling meds just before needed (less calls to office)
  - Patient referred to services prior to ER/Hospital (decrease in ER visits)

    - Decrease high cost service utilization (as a result of pre-emptive care)
- Staff satisfaction (more involved with direct care and patient outcomes)
- Receiving credit for work performed
    - Facilitate team-based care and office unity
    - Improved performance with quality measures (PQRS, MU, CQM, CPC, MSSP)

Diabetes

Patients with diabetes who participate in a free annual wellness visit (AWV) covered by Medicare are 36% less likely to need major lower-extremity amputations (MLEAs), according to research presented [in May 2022] at the American Diabetes Scientific Sessions in New Orleans.[10]

- **Diabetes: Ideal Values** – https://beacon.by/library/view/65a5f2de2c60dee6#diabetes-ideal-values
- **Diabetes Screenings Coverage** – https://www.medicare.gov/coverage/diabetes-screenings

Hypertension

Approximately 70% of older adults aged 65 and up have hypertension.[11] *Although physical exams are not covered for an Annual Wellness Visit, blood pressure and basic vitals should be measured.*

- **Understanding Your Blood Pressure Numbers** – https://beacon.by/library/view/65a5f2de2c60dee6#million-hearts-pledge-to-stop-smoking
- **7 Simple Tips to Get an Accurate BP Reading** – https://beacon.by/library/view/65a5f2de2c60dee6#7-simple-tips-to-get-an-accurate-bp-reading
- **Quality Insights Hypertension Toolkit** - Available upon request.

Smoking Cessation

Smoking cessation is a part of the Annual Wellness Visit health education and preventative counseling to reduce risk factors and promote wellness.

- **Smoking Cessation: Plan Do Study Act Cycle** – https://beacon.by/library/view/65a5f2de2c60dee6#pdsa-cardiac-healthsmoking-cessation
- **Million Hearts: Pledge to Stop Smoking** – https://beacon.by/library/view/65a5f2de2c60dee6#million-hearts-pledge-to-stop-smoking
- **Medicare & You: It's Always Time to Quit Tobacco** – https://www.youtube.com/watch?v=HuniaweACe0

Opioids

Providers are encouraged to pay close attention to opioid use during this element of the AWV. If a patient is using opioids, assess the benefit from other, non-opioid pain therapies instead, even if the patient does not have OUD but is possibly at risk.[12]

- **Review of Opioid Use During the Initial Prevention Physical Examination and the Annual Wellness Visit** – https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se18004.pdf
- **What You Need to Know about Opioid Prescription Medications** – https://beacon.by/library/view/65a5f2de2c60dee6#what-you-need-to-know-about-opioid-prescription-medications

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2. https://www.medicareinteractive.org/get-answers/medicare-covered-services/preventive-services/alcohol-misuse-screening-and-counseling
3. https://www.sciencedirect.com/science/article/pii/S0264410X17314639
4. https://www.cdc.gov/aging/depression/index.html
5. https://www.cdc.gov/falls/index.html
6. https://www.cms.gov/cognitive
7. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
8. https://www.fda.gov/news-events/fda-voices/fda-stresses-critical-importance-safe-disposal-medications-ahead-national-prescription-drug-take
9. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
10. https://www.ajmc.com/view/noninvasive-blood-glucose-measurement-methods-demonstrate-potential-in-diabetes
11. https://www.acc.org/latest-in-cardiology/articles/2020/02/26/06/24/older-adults-and-hypertension#:~:text=Expert%20Analysis&text=Hypertension%20is%20one%20of%20the,%E2%89%A565%20years%20have%20hypertension
12. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se18004.pdf

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- Orange County Healthy Aging Initiative (OCHAI)

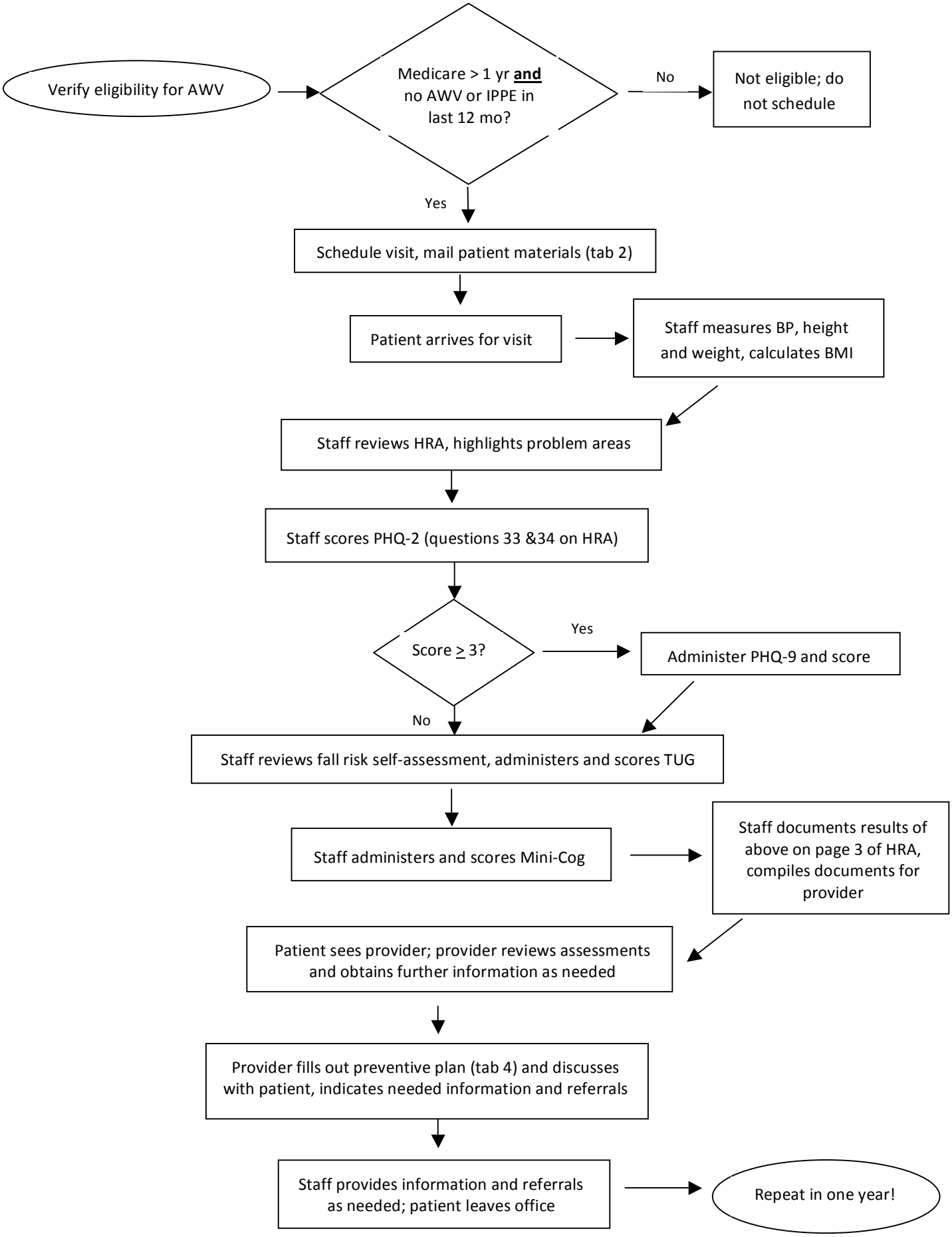
APPENDICES

Appendix A

Process Map for Annual Wellness Visit

The following resource was created by the Orange County Aging Services Collaborative (OCASC) and the Orange County Healthy Aging Initiative (OCHAI) and is used with permission.

Process Map for Annual Wellness Visit



Appendix B

Annual Wellness Visit Phone Script

The following resource was adapted from an Anthem, Inc. resource and is used with permission.

Annual Wellness Visit Telephone Script

Scheduler: Hello Mr./Mrs./Ms. _____, I am _____ from Dr. _____'s office. We are contacting all our eligible patients to schedule your Annual Wellness Visit.

First, I would like to share with you a little bit about the Annual Wellness Visit and how important it is for you to use this benefit that Medicare provides.

As Medicare consumer, you are allowed a comprehensive Annual Wellness Visit every 12 months. This examination will help your doctor identify any health risks you may have, and allow us to work with you to develop a plan to address your health care needs. Our goal is to help you reach your goals in getting or staying healthy. Medicare pays 100% of the cost for this exam with no out-of-pocket expense to you.

At this visit, if we need to address other medical concerns (like a sore knee or other medical conditions), we want you to know you may have a deductible or copay.

What would be a good day to get your Annual Wellness Visit scheduled for you?

To prepare for this visit, please bring all medications, vitamins (including inhalers and injectable), supplements and topical creams you are taking so we can update your records. When you arrive your doctor may ask that you complete a 'Health Risk Assessment' form to assist us in developing a personalize prevention plan for you to stay healthy.

Annual Wellness Visit Telephone Script | No Answer

Scheduler: Hello, this is _____ from Dr. _____'s office. We are contacting all our eligible patients to schedule your Annual Wellness Visit. Please call our office at ###-###-#### so we can assist you in scheduling this very important visit.

Note: Practice to define how many calls will be made before sending the Annual Wellness Visit reminder letter to the patient.

Annual Wellness Visit Telephone Script |

Incoming Patient Call

Caller: I am calling to schedule a physical with my doctor. (The patient may be returning your call or responding to the letter sent by provider office.)

Scheduler: Are you calling to schedule an Annual Wellness Visit that is covered by Medicare?

Note: Determine if the patient is eligible for the Annual Wellness Visit. (12 months from previous routine physical exam or the Welcome to Medicare visit and patient has had Medicare Part B for at least 12 months.) It is not required to have a Welcome to Medicare Visit to be covered for an Annual Wellness Visit after that patient has had Part B for 12 months.

If the patient expresses concern about their eligibility for this benefit, you may want to call their customer service number to confirm or have the member call prior to making the appointment.

The Annual Wellness Visit includes a Health Risk Assessment and other assessments allowing the provider and member to update their records, define a screening schedule, address risk factors and provide personalized health advice to the beneficiary – such as health education, counseling services or programs

Caller: I understand and would like to schedule an Annual Wellness Visit with my physician.

Scheduler: The visit is scheduled. For the visit, please bring all medications (including inhalers and injectable), vitamins, supplements and topical creams you are taking so we can update your records. When you arrive we may ask you to complete a Health Risk Assessment form to assist us in developing a personalize prevention plan for you to stay healthy.

Note: Office may elect to send an HRA form to the patient to complete prior to the visit.

Annual Wellness Visit Telephone Script |
Missed Appointment

Scheduler: Hello Mr./Mrs./Ms._____, I am _____ from Dr. _____'s office. I see you missed your Annual Wellness Visit appointment. I am calling to help you reschedule your appointment. Dr. _____ feels this type of visit is very important to identifying any health risks you may have and allow us to work with you to develop a plan to address your healthcare needs.

What would be a good day to get this rescheduled for you?

To prepare for this visit, please bring all medications (including inhalers and injectable), vitamins, supplements and topical creams you are taking so we can update your records. When you arrive, we will ask that you complete a Health Risk Assessment form to assist us in developing a personalize prevention plan for you to stay healthy.

This material, prepared by Anthem, Inc., was adapted by Quality Insights, a Quality Innovation Network - Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication number 12SOW-QI-GEN-050724-CC-B

Appendix C

Medicare Update: Annual Wellness Visit Fact Sheet

The following resource was created by the Alzheimer's Association and is used with permission.

alzheimer's association®

FACTSHEET

APRIL 2017 alz.org®

Medicare Annual Wellness Visit

Under the Affordable Care Act, Medicare pays for an Annual Wellness Visit, which includes the creation of a personalized prevention plan and detection of possible cognitive impairment. This benefit began on January 1, 2011.

What is an Annual Wellness Visit?

While Medicare does not cover a routine physical exam, an Annual Wellness Visit (AWV) contains elements that are similar to a check-up or physical.

Who is eligible?

Any Medicare beneficiary who:

- Has been receiving Medicare Part B benefits for at least 12 months, and
- Has not had an initial preventive physical examination (the "Welcome to Medicare" exam) or an AWV within the past 12 months.

How often will Medicare pay for an Annual Wellness Visit?

Medicare will pay for an Annual Wellness Visit once every 12 months.

Are there any deductibles or co-payments for the visit?

No. The Medicare Part B deductible and coinsurance payments do not apply to the AWV.

Detection of cognitive impairment is included in the Annual Wellness Visit. What does that mean?

During the exam, the doctor will assess an individual's cognitive function by direct observation, with due consideration of information obtained by way of patient report, concerns raised by family members, friends, caretakers, or others.

What else is included in the Annual Wellness Visit?

Prior to or during your appointment, you will be asked by your doctor or health professional to complete some questions about your health. This is called a Health Risk Assessment (HRA). The answers may provide important information to discuss with your health professional during the Annual Wellness Visit. The doctor (or health professional) may check to make sure the heart, lungs, and other body systems are working properly. The doctor will probably ask questions about your daily routine, medical history, memory, as well as take certain routine measurements like height, weight, and blood pressure. Find a complete list of what is covered on the back of this sheet.

Who can perform an Annual Wellness Visit?

An Annual Wellness Visit may be performed by a doctor or other practitioner recognized by Medicare, such as a nurse practitioner, physician assistant, clinical nurse specialist, or other health professional (including a health educator, a registered dietitian or nutrition professional), or a team of such medical professionals who are working under the direct supervision of a physician.

What should you bring to the visit?

You should bring your completed Health Risk Assessment, and a complete list of your medications (including vitamins and over-the-counter drugs) or all your medication bottles for the doctor to review. You should also bring a list of your top two to three concerns or questions for the doctor. If you have concerns about your memory or a chronic health condition (such as diabetes, heart disease, or depression), you might consider bringing a family member or friend with you to the appointment.

With the talk of repealing the Affordable Care Act, will the Annual Wellness Visit be repealed?

It is highly unlikely. None of the proposals to repeal the Affordable Care Act (ACA) under consideration in Congress would change or repeal the Medicare provisions included in the ACA.

Included in the Annual Wellness Visit:

- Review and update medical and family history
- Review and update a list of current providers
- Measure height, weight, body mass index (BMI), blood pressure, and other routine measurements
- Assess for any possible cognitive impairment
- Review potential risk factors for depression, including current or past experiences with depression or other mood disorders (first Annual Wellness Visit only)
- Review functional ability and level of safety (first Annual Wellness Visit only)
- Establish or update a written screening schedule for the individual for the next 5-10 years, based on health status, screening history, and age
- Prepare a list of risk factors and conditions for which interventions are recommended or are underway for the individual, and a list of treatment options and their associated risks and benefits
- Provide health advice and a referral, as appropriate, to health education or preventive counseling services or programs, designed to reduce risk factors, such as for weight loss, smoking cessation, fall prevention, and nutrition.
- Review of the responses to the Health Risk Assessment

Appendix D

DividerAlcohol Use Among Older Adults: Pocket Screening Instruments for Health Care and Social Service Providers

Alcohol Use Among Older Adults

Pocket Screening Instruments for Health Care and Social Service Providers

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

The Facts

Alcohol and prescription drug misuse affects as many as 17% of older Americans. It is estimated that as many as 2.5 million older adults in America have problems related to alcohol, and this age group experiences more than half of all reported adverse drug reactions leading to hospitalization. These statistics could get worse: The U.S. Bureau of the Census predicts that America's 65+ population will be the fastest growing age group over the next 25 years.

Screener Uses

The Center for Substance Abuse Treatment (CSAT) has prepared this Pocket Screener to help health care and social service providers:

- Identify signs of possible alcohol problems among older adults
- Intervene to help reduce alcohol consumption
- Assist in obtaining evaluation and treatment for alcohol problems for older adults

Screening

The enclosed card contains two questionnaires that you can administer to see if clients may need to be referred for a complete evaluation to determine the nature and extent of their alcohol use.

Referral Information

If you feel that the older person you have screened may have an alcohol problem that requires further evaluation, refer them to a local alcohol treatment program or provider. If no local provider or program is available, the back of this jacket contains a national hotline number that you can call for assistance.

Brief Intervention

You can help motivate relevant clients to accept and follow through on obtaining a thorough evaluation by taking a few minutes to provide a brief motivational intervention.

Discuss and write down for clients (if possible) what that individual considers to be the 'pros' and 'cons' of drinking, and telling their primary health care provider(s) about the amount and regularity of their alcohol use.

AUDIT-C and CAGE
Brief Alcohol Screening Instrument

For use by both medical and non-medical health and social service providers, volunteers, and aides

Introducing the Topic of Screening

Make your client comfortable. Mention that alcohol use can affect many areas of health and may interfere with certain medications. It is important to know how much the client usually drinks and whether he or she has experienced any problems associated with drinking. Clarify that alcoholic beverages include wine, beer, and liquor such as vodka, whiskey, brandy, and others.

Questionnaire: Circle the number that comes closest to the client's answer.

1. How often do you have a drink containing alcohol?

(0) Never (1) Monthly or less (2) 2 to 4 times a month
(3) 2 to 3 times a week (4) 4 or more times a week

[If the response is 'Never' you can skip the next two questions and move directly to questions 4 through 7]

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

(0) None (1) 1 or 2 (2) 3 or 4 (3) 5 or 6 (4) 7 or more

3. How often do you have: **[for men]** five or more drinks on one occasion? **[for women]** four or more drinks on one occasion?

(0) Never (1) Less than monthly (2) Monthly (3)Weekly (4) Daily or almost daily

4. Have you ever felt you should cut down on your drinking?
Yes No

5. Have people annoyed you by criticizing your drinking?
Yes No

6. Have you ever felt bad or guilty about your drinking?
Yes No

7. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?
Yes No

Scoring

Add the numbers of the circled responses for questions 1, 2, and 3. The client should be referred for evaluation if there is:

- a score of 3 or more points on questions 1 through 3; or
- a report of drinking 6 or more drinks on one occasion; or
- a "yes" answer to one of questions 4 through 7, and any drinking is indicated in answer to questions 1 through 3

Short Michigan Alcoholism Screening Test – Geriatric Version (S-MAST-G)

For use by clinicians, physicians and/or primary care providers

1. When talking to others, do you ever underestimate how much you actually drink? *Yes* *No*
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry? *Yes* *No*
3. Does having a few drinks help decrease your shakiness or tremors? *Yes* *No*
4. Does alcohol sometimes make it hard for you to remember parts of the day or night? *Yes* *No*
5. Do you usually take a drink to relax or calm your nerves? *Yes* *No*
6. Do you drink to take your mind off your problems? *Yes* *No*
7. Have you ever increased your drinking after experiencing a loss in your life? *Yes* *No*
8. Has a doctor or nurse ever said they were worried or concerned about your drinking? *Yes* *No*

Short Michigan Alcoholism Screening Test – Geriatric Version (S-MAST-G)

9. Have you ever made rules to manage your drinking?
Yes *No*

10. When you feel lonely, does having a drink help?
Yes *No*

Total S-MAST-G Score (0-10) _____

For clients who answer 'yes' to two or more of the S-MAST-G questions, a referral for a complete assessment of their alcohol use should be made.

Referral: Brief Intervention

In cases of referral, you can employ the brief intervention related to client motivation described on the jacket of this pocket screener to strengthen the likelihood of follow-through with your referral.

If screening reveals that the older person may have a problem with alcohol use, a national hotline is available 24 hours a day to assist in locating treatment providers:

1-800-662-HELP (4357)

http://findtreatment.samhsa.gov

This pocket screener was created to accompany the publication *Substance Abuse Among Older Adults*, #26 in CSAT's Treatment Improvement Protocol (TIP) series. The TIP series and its affiliated products are available free from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Call 1-800-729-6686 or 1-800-487-4889 TDD (for the hearing impaired), or visit www.csat.samhsa.gov.

DHHS Publication No. [SMA] 02-3621 Printed 2001

Appendix E

Stay Independent Brochure

Four Things You Can Do to Prevent Falls:

① Speak up.

Talk openly with your healthcare provider about fall risks and prevention. Ask your doctor or pharmacist to review your medicines.

② Keep moving.

Begin an exercise program to improve your leg strength and balance.

③ Get an annual eye exam.

Replace eyeglasses as needed.

④ Make your home safer.

Remove clutter and tripping hazards.

1 in 4 people 65 and older falls each year.

Learn More

Contact your local community or senior center for information on exercise, fall prevention programs, and options for improving home safety, or visit:

- go.usa.gov/xN9XA
- www.stopfalls.org

For more information, visit www.cdc.gov/steadi

This brochure was produced in collaboration with the following organizations: VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC), and the Fall Prevention Center of Excellence

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

2017

Stay Independent

Learn more about fall prevention.

STEADI

Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.

Total _____ Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling.

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.

Appendix F

The Timed Up and Go (TUG) Test

ASSESSMENT

Timed Up & Go (TUG)

Patient _____

Date _____

Time _____ ☐ AM ☐ PM

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

NOTE: Always stay by the patient for safety.

① Instruct the patient:

When I say "Go," I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

② On the word "Go," begin timing.

③ Stop timing after patient sits back down.

④ Record time.

Time in Seconds: _____

An older adult who takes ≥12 seconds to complete the TUG is at risk for falling.

OBSERVATIONS

Observe the patient's postural stability, gait, stride length, and sway.

Check all that apply:

- ☐ Slow tentative pace
- ☐ Loss of balance
- ☐ Short strides
- ☐ Little or no arm swing
- ☐ Steadying self on walls
- ☐ Shuffling
- ☐ En bloc turning
- ☐ Not using assistive device properly

These changes may signify neurological problems that require further evaluation.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi

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Appendix G

The 30-Second Chair Stand Test

ASSESSMENT

30-Second Chair Stand

Patient _____

Date _____

Time _____ ☐ AM ☐ PM

Purpose: To test leg strength and endurance

Equipment: A chair with a straight back without arm rests (seat 17" high), and a stopwatch.

NOTE: Stand next to the patient for safety.

① Instruct the patient:

1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed, at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight, and keep your arms against your chest.
5. On **"Go,"** rise to a full standing position, then sit back down again.
6. Repeat this for 30 seconds.

② On the word "Go," begin timing.

If the patient must use his/her arms to stand, stop the test. Record "0" for the number and score.

③ Count the number of times the patient comes to a full standing position in 30 seconds.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.

④ Record the number of times the patient stands in 30 seconds.

Number: _____ Score: _____

SCORING

Chair Stand Below Average Scores

AGE	MEN	WOMEN
60-64	< 14	< 12
65-69	< 12	< 11
70-74	< 12	< 10
75-79	< 11	< 10
80-84	< 10	< 9
85-89	< 8	< 8
90-94	< 7	< 4

A below average score indicates a risk for falls.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi

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Appendix H

The 4-Stage Balance Test

ASSESSMENT

The 4-Stage Balance Test

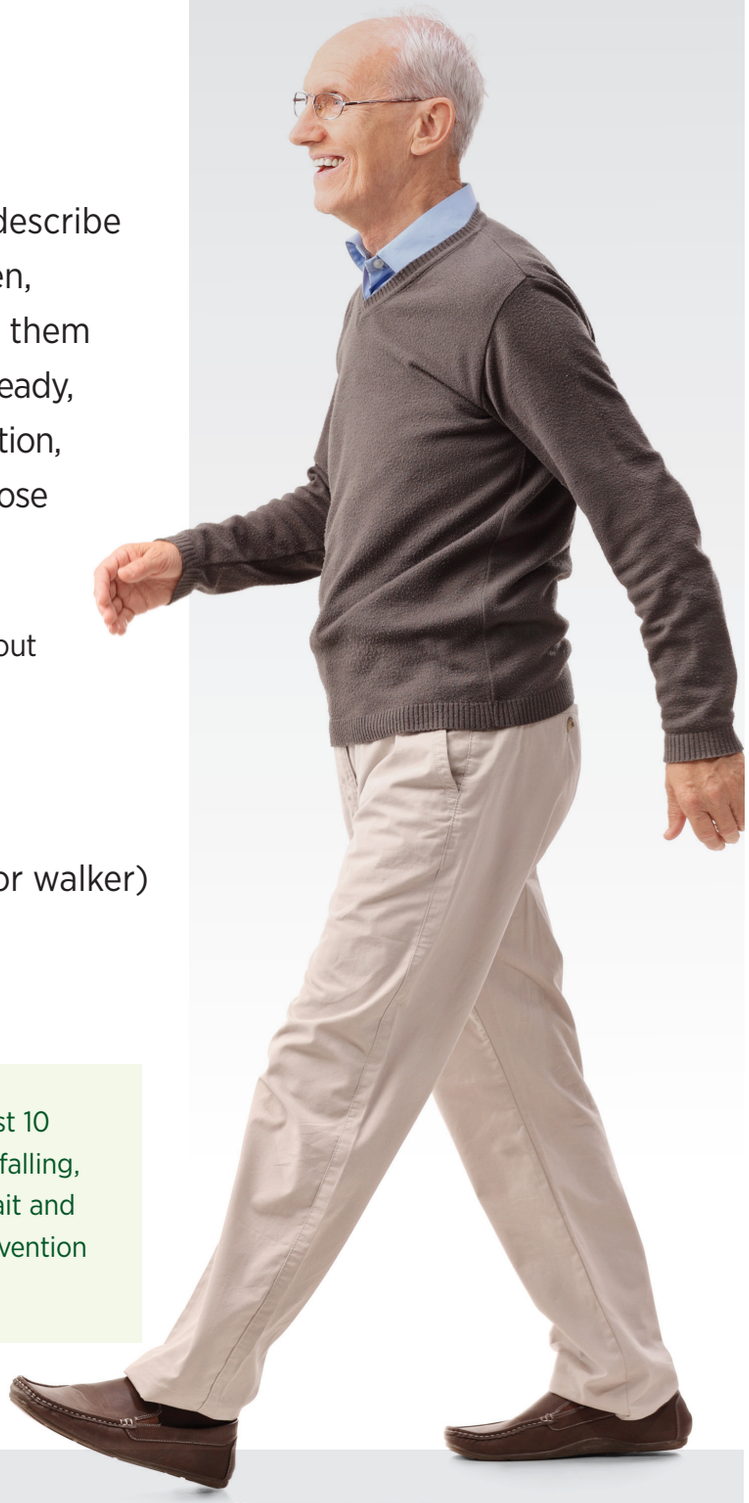
Purpose: To assess static balance

Equipment: A stopwatch

Directions: There are four standing positions that get progressively harder to maintain. You should describe and demonstrate each position to the patient. Then, stand next to the patient, hold their arm, and help them assume the correct position. When the patient is steady, let go, and time how long they can maintain the position, but remain ready to assist the patient if they should lose their balance.

- If the patient can hold a position for 10 seconds without moving their feet or needing support, go on to the next position.
- If not, **STOP** the test.

Patients should not use an assistive device (cane or walker) and they should keep their eyes open.



An older adult who cannot hold the tandem stand for at least 10 seconds is at increased risk of falling. To reduce their risk of falling, you might consider referring them to physical therapy for gait and balance exercises, or refer them to an evidence-based fall prevention program, such as Tai Chi.

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ASSESSMENT CONTINUED

The 4-Stage Balance Test

Patient _____

Date _____

Time _____ ☐ AM ☐ PM

Instructions to the patient:

- I'm going to show you four positions.
- Try to stand in each position for 10 seconds.
- You can hold your arms out, or move your body to help keep your balance, but don't move your feet.
- For each position I will say, **"Ready, begin."** Then, I will start timing. After 10 seconds, I will say, **"Stop."**

	① **Stand with your feet side-by-side.**	Time: _____seconds
	② **Place the instep of one foot so it is touching the big toe of the other foot.**	Time: _____seconds
	③ **Tandem stand: Place one foot in front of the other, heel touching toe.**	Time: _____seconds
	④ **Stand on one foot.**	Time: _____seconds

Notes:

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk.
For more information, visit www.cdc.gov/steadi

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Appendix I

Algorithm for Fall Risk Assessment & Intervention

RESOURCE

Algorithm

for Fall Risk Screening, Assessment, and Intervention

As a healthcare provider, you are already aware that falls are a serious threat to the health and well-being of your older patients.

More than one out of four people 65 and older fall each year, and over 3 million are treated in emergency departments annually for fall injuries.

The CDC's STEADI initiative offers a coordinated approach to implementing the American and British Geriatrics Societies' clinical practice guideline for fall prevention. STEADI consists of three core elements: **Screen**, **Assess**, and **Intervene** to reduce fall risk.

The **STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention** outlines how to implement these three elements.

Additional tools and resources include:

- Information about falls
- Case studies
- Conversation starters
- Screening tools
- Standardized gait and balance assessment tests (with instructional videos)
- Educational materials for providers, patients, and caregivers
- Online continuing education
- Information on medications linked to falls
- Clinical decision support for electronic health record systems

You play an important role in caring for older adults, and you can help reduce these devastating injuries.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi.

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National Center for Injury Prevention and Control

2019

STEADI Stopping Elderly Accidents, Deaths & Injuries

STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

START HERE

1 SCREEN for fall risk yearly, or any time patient presents with an acute fall.

Available Fall Risk Screening Tools:

- **Stay Independent: a 12-question tool** [at risk if score ≥ 4]
  - **Important:** If score < 4, ask if patient fell in the past year (If **YES** → patient is at risk)
- **Three key questions** for patients [at risk if **YES** to any question]
  - Feels unsteady when standing or walking?
  - Worries about falling?
  - Has fallen in past year?
    - » If **YES** ask, "How many times?" "Were you injured?"

SCREENED NOT AT RISK

PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
  - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

SCREENED AT RISK

2 ASSESS patient's modifiable risk factors and fall history.

Common ways to assess fall risk factors are listed below:

Evaluate gait, strength, & balance

Common assessments:
- Timed Up & Go
- 30-Second Chair Stand
- 4-Stage Balance Test

Identify medications that increase fall risk

(e.g., Beers Criteria)

Ask about potential home hazards

(e.g., throw rugs, slippery tub floor)

Measure orthostatic blood pressure

(Lying and standing positions)

Check visual acuity

Common assessment tool:
- Snellen eye test

Assess feet/footwear

Assess vitamin D intake

Identify comorbidities

(e.g., depression, osteoporosis)

3 INTERVENE to reduce identified risk factors using effective strategies.

Reduce identified fall risk

- Discuss patient and provider health goals
- Develop an individualized patient care plan (see below)

Below are common interventions used to reduce fall risk:

Poor gait, strength, & balance observed
- Refer for physical therapy
- Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)

Medication(s) likely to increase fall risk
- Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk

Home hazards likely
- Refer to occupational therapist to evaluate home safety

Orthostatic hypotension observed
- Stop, switch, or reduce the dose of medications that increase fall risk
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

Visual impairment observed
- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

Feet/footwear issues identified
- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

Vitamin D deficiency observed or likely
- Recommend daily vitamin D supplement

Comorbidities documented
- Optimize treatment of conditions identified
- Be mindful of medications that increase fall risk

FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)

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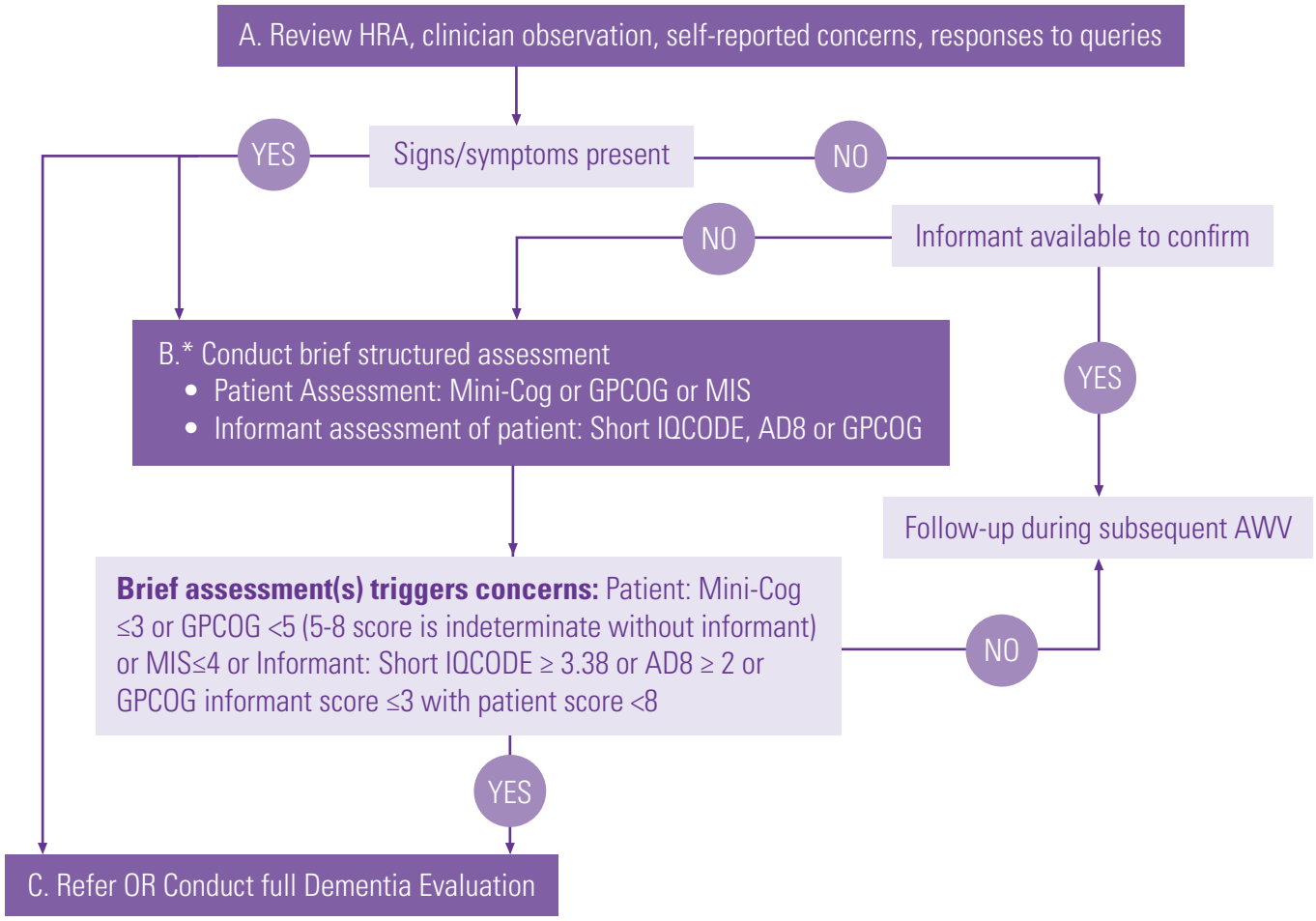
Appendix J

Medicare Annual Wellness Visit Algorithm for Assessment of Cognition

The following resource was created by the Alzheimer's Association and is used with permission.

ALZHEIMER'S ASSOCIATION®

Medicare Annual Wellness Visit Algorithm for Assessment of Cognition



* No one tool is recognized as the best brief assessment to determine if a full dementia evaluation is needed. Some providers repeat patient assessment with an alternate tool (e.g., SLUMS, or MoCA) to confirm initial findings before referral or initiation of full dementia evaluation.

AD8 = Eight-item Informant Interview to Differentiate Aging and Dementia; **AWV =** Annual Wellness Visit; **GPCOG =** General Practitioner Assessment of Cognition; **HRA =** Health Risk Assessment; **MIS =** Memory Impairment Screen; **MMSE =** Mini Mental Status Exam; **MoCA =** Montreal Cognitive Assessment; **SLUMS =** St. Louis University Mental Status Exam; **Short IQCODE =** Short Informant Questionnaire on Cognitive Decline in the Elderly

Cordell CB, Borson S, Boustani M, Chodosh J, Reuben D, Verghese J, et al. Alzheimer's Association recommendations for operationalizing the detection of cognitive impairment during the Medicare Annual Wellness Visit in a primary care setting. *Alzheimers Dement.* 2013;9(2):141-150. Available at http://download.journals.elsevierhealth.com/pdfs/journals/1552-5260/PIIS1552526012025010.pdf.

The Alzheimer's Association works on a global, national and local level to enhance care and support for all those affected by Alzheimer's disease and other dementias. Our services include:

- Professionally staffed 24/7 Helpline offering information, advice and referrals in more than 170 languages and dialects – **800.272.3900**
- Disease information and education programs – **alz.org**
- Health Care Professionals and Alzheimer's Center featuring patient, caregiver and health care provider resources – **alz.org/hcps**
- Alzheimer's and Dementia Caregiver Center featuring reliable information and helpful tools – **alz.org/care**
- Online connections and support through ALZConnected® – **alzconnected.org**
- Comprehensive database of local programs and services, housing and care services, and legal experts through our Community Resource Finder – **alz.org/crf**
- Customized action plans of resources and support based on patient needs through Alzheimer's Navigator® – **alz.org/alzheimersnavigator**
- Safety Center featuring information and tips for safety inside and outside of the home – **alz.org/safety**
- Dementia and Driving Resource Center – **alz.org/driving**
- Clinical study matching with TrialMatch® – **alz.org/trialmatch**
- Staff, programs and support groups in communities nationwide – **alz.org/findus**

Appendix K

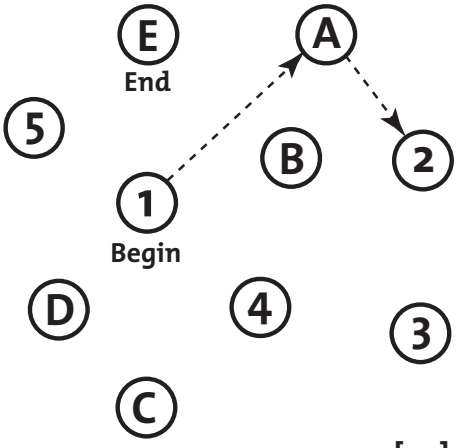
Montreal Cognitive Assessment (MoCA)

The following resource was created by Z. Nasreddine MD and is used with permission.

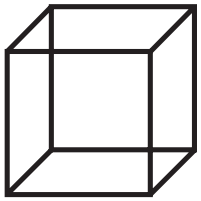
MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME :
Education : Date of birth :
Sex : DATE :

VISUOSPATIAL / EXECUTIVE



Copy cube



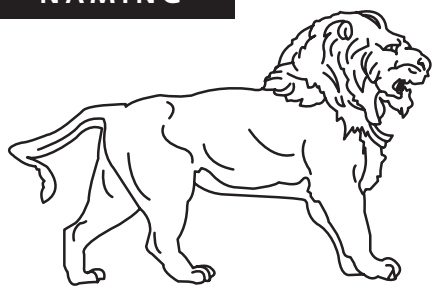
[ ] [ ]

Draw CLOCK (Ten past eleven)
(3 points)

[ ] Contour [ ] Numbers [ ] Hands

POINTS ___/5

NAMING



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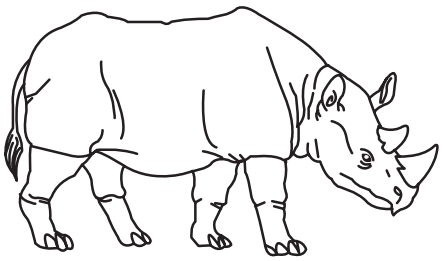

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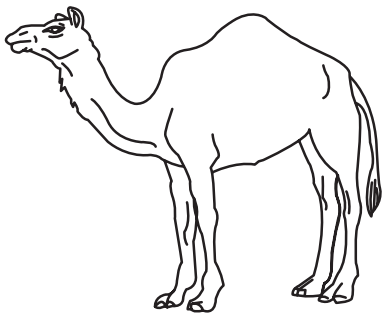

[ ]

___/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION

Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

___/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

___/3

LANGUAGE

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

___/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)

___/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler

___/2

DELAYED RECALL

	Has to recall words WITH NO CUE	FACE [ ]	VELVET [ ]	CHURCH [ ]	DAISY [ ]	RED [ ]	Points for UNCUED recall only
Optional	Category cue						
	Multiple choice cue						

___/5

ORIENTATION

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

___/6

 Version November 7, 2004

www.mocatest.org

Normal ≥ 26 / 30

TOTAL ___/30

Add 1 point if ≤ 12 yr edu

Appendix L

Montreal Cognitive Assessment (MoCA)
Administration and Scoring Instructions

The following resource was created by Z. Nasreddine MD and is used with permission.

Montreal Cognitive Assessment
(MoCA)

Administration and Scoring Instructions

The Montreal Cognitive Assessment (MoCA) was designed as a rapid screening instrument for mild cognitive dysfunction. It assesses different cognitive domains: attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. Time to administer the MoCA is approximately 10 minutes. The total possible score is 30 points; a score of 26 or above is considered normal.

1. Alternating Trail Making:

Administration: The examiner instructs the subject: *"Please draw a line, going from a number to a letter in ascending order. Begin here* [point to (1)] *and draw a line from 1 then to A then to 2 and so on. End here* [point to (E)]."

Scoring: Allocate one point if the subject successfully draws the following pattern: 1 –A- 2- B- 3- C- 4- D- 5- E, without drawing any lines that cross. Any error that is not immediately self-corrected earns a score of 0.

2. Visuoconstructional Skills (Cube):

Administration: The examiner gives the following instructions, pointing to the **cube**: *"Copy this drawing as accurately as you can, in the space below".*

Scoring: One point is allocated for a correctly executed drawing.

- Drawing must be three-dimensional
- All lines are drawn
- No line is added
- Lines are relatively parallel and their length is similar (rectangular prisms are accepted)

A point is not assigned if any of the above-criteria are not met.

3. Visuoconstructional Skills (Clock):

Administration: Indicate the right third of the space and give the following instructions: *"Draw a **clock**. Put in all the numbers and set the time to 10 after 11".*

Scoring: One point is allocated for each of the following three criteria:

- Contour (1 pt.): the clock face must be a circle with only minor distortion acceptable (e.g., slight imperfection on closing the circle);
- Numbers (1 pt.): all clock numbers must be present with no additional numbers; numbers must be in the correct order and placed in the approximate quadrants on the clock face; Roman numerals are acceptable; numbers can be placed outside the circle contour;
- Hands (1 pt.): there must be two hands jointly indicating the correct time; the hour hand must be clearly shorter than the minute hand; hands must be centred within the clock face with their junction close to the clock centre.

A point is not assigned for a given element if any of the above-criteria are not met.

4. Naming:

Administration: Beginning on the left, point to each figure and say: *"Tell me the name of this animal".*

Scoring: One point each is given for the following responses: (1) camel or dromedary, (2) lion, (3) rhinoceros or rhino.

5. Memory:

Administration: The examiner reads a list of 5 words at a rate of one per second, giving the following instructions: *"This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn't matter in what order you say them".* Mark a check in the allocated space for each word the subject produces on this first trial. When the subject indicates that (s)he has finished (has recalled all words), or can recall no more words, read the list a second time with the following instructions: "*I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time."* Put a check in the allocated space for each word the subject recalls after the second trial.

At the end of the second trial, inform the subject that (s)he will be asked to recall these words again by saying, "*I will ask you to recall those words again at the end of the test."*

Scoring: No points are given for Trials One and Two.

6. Attention:

Forward Digit Span: Administration: Give the following instruction: "*I am going to say some numbers and when I am through, repeat them to me exactly as I said them".* Read the five number sequence at a rate of one digit per second.

Backward Digit Span: Administration: Give the following instruction: "*Now I am going to say some more numbers, but when I am through you must repeat them to me in the backwards order."* Read the three number sequence at a rate of one digit per second.

Scoring: Allocate one point for each sequence correctly repeated, (*N.B.:* the correct response for the backwards trial is 2-4-7).

Vigilance: Administration: The examiner reads the list of letters at a rate of one per second, after giving the following instruction: "*I am going to read a sequence of letters. Every time I say the letter A, tap your hand once. If I say a different letter, do not tap your hand".*

Scoring: Give one point if there is zero to one errors (an error is a tap on a wrong letter or a failure to tap on letter A).

Serial 7s: Administration: The examiner gives the following instruction: "*Now, I will ask you to count by subtracting seven from 100, and then, keep subtracting seven from your answer until I tell you to stop."* Give this instruction twice if necessary.

Scoring: This item is scored out of 3 points. Give no (0) points for no correct subtractions, 1 point for one correction subtraction, 2 points for two-to-three correct subtractions, and 3 points if the participant successfully makes four or five correct subtractions. Count each correct subtraction of 7 beginning at 100. Each subtraction is evaluated independently; that is, if the participant responds with an incorrect number but continues to correctly subtract 7 from it, give a point for each correct subtraction. For example, a participant may respond "92 – 85 – 78 – 71 – 64" where the "92" is incorrect, but all subsequent numbers are subtracted correctly. This is one error and the item would be given a score of 3.

7. Sentence repetition:

Administration: The examiner gives the following instructions: "*I am going to read you a sentence. Repeat it after me, exactly as I say it* [pause]*:* ***I only know that John is the one to help today.*****"** Following the response, say: "*Now I am going to read you another sentence. Repeat it after me, exactly as I say it* [pause]*:* ***The cat always hid under the couch when dogs were in the room.****"*

Scoring: Allocate 1 point for each sentence correctly repeated. Repetition must be exact. Be alert for errors that are omissions (e.g., omitting "only", "always") and substitutions/additions (e.g., "John is the one who helped today;" substituting "hides" for "hid", altering plurals, etc.).

8. Verbal fluency:

Administration: The examiner gives the following instruction: "*Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready?* [Pause] *Now, tell me as many words as you can think of that begin with the letter F.* [time for 60 sec]. *Stop."*

Scoring: Allocate one point if the subject generates 11 words or more in 60 sec. Record the subject's response in the bottom or side margins.

9. Abstraction:

Administration: The examiner asks the subject to explain what each pair of words has in common, starting with the example: "*Tell me how an orange and a banana are alike"*. If the subject answers in a concrete manner, then say only one additional time: "*Tell me another way in which those items are alike"*. If the subject does not give the appropriate response (*fruit*), say, "*Yes, and they are also both fruit.*" Do not give any additional instructions or clarification.

After the practice trial, say: "*Now, tell me how a train and a bicycle are alike"*. Following the response, administer the second trial, saying: "*Now tell me how a ruler and a watch are alike"*. Do not give any additional instructions or prompts.

Scoring: Only the last two item pairs are scored. Give 1 point to each item pair correctly answered. The following responses are acceptable:

Train-bicycle = means of transportation, means of travelling, you take trips in both;

Ruler-watch = measuring instruments, used to measure.

The following responses are **not** acceptable: Train-bicycle = they have wheels; Ruler-watch = they have numbers.

10. Delayed recall:

Administration: The examiner gives the following instruction: "*I read some words to you earlier, which I asked you to remember. Tell me as many of those words as you can remember.* Make a check mark (✓) for each of the words correctly recalled spontaneously without any cues, in the allocated space.

Scoring: **Allocate 1 point for each word recalled freely without any cues**.

Optional:

Following the delayed free recall trial, prompt the subject with the semantic category cue provided below for any word not recalled. Make a check mark (✓) in the allocated space if the subject remembered the word with the help of a category or multiple-choice cue. Prompt all non-recalled words in this manner. If the subject does not recall the word after the category cue, give him/her a multiple choice trial, using the following example instruction, "*Which of the following words do you think it was, NOSE, FACE, or HAND?"*

Use the following category and/or multiple-choice cues for each word, when appropriate:

FACE:	category cue: part of the body	multiple choice: nose, face, hand
VELVET:	category cue: type of fabric	multiple choice: denim, cotton, velvet
CHURCH:	category cue: type of building	multiple choice: church, school, hospital
DAISY:	category cue: type of flower	multiple choice: rose, daisy, tulip
RED:	category cue: a colour	multiple choice: red, blue, green

Scoring: **No points are allocated for words recalled with a cue.** A cue is used for clinical information purposes only and can give the test interpreter additional information about the type of memory disorder. For memory deficits due to retrieval failures, performance can be improved with a cue. For memory deficits due to encoding failures, performance does not improve with a cue.

11. Orientation:

Administration: The examiner gives the following instructions: "*Tell me the date today"*. If the subject does not give a complete answer, then prompt accordingly by saying: *"Tell me the [year, month, exact date, and day of the week]."* Then say: *"Now, tell me the name of this place, and which city it is in."*

Scoring: Give one point for each item correctly answered. The subject must tell the exact date and the exact place (name of hospital, clinic, office). No points are allocated if subject makes an error of one day for the day and date.

TOTAL SCORE: Sum all subscores listed on the right-hand side. Add one point for an individual who has 12 years or fewer of formal education, for a possible maximum of 30 points. A final total score of 26 and above is considered normal.

Quality Insights

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