

## *Older Patient Interview Form*

**Patient Name:** \_\_\_\_\_ **Date of interview:** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Living Situation** \_\_\_\_\_ **Sex** \_\_\_\_ **DOB** \_\_\_\_\_

**Interviewer's Name:** \_\_\_\_\_ **Relationship:** **Relative Friend Patient**

<i>Responses</i> (jot down notes in this column, on the back, or on a separate piece of paper)	<i>Questions</i>
<b>Advance Directives</b>	Ask: “Do you have a health care proxy form or living will?” If yes, ask for copies. If no, ask: “Who would you want to make health decisions for you if you are not able to? Would you ever want to have CPR, be on a ventilator or be fed by a tube?” Get a health care proxy form and fill it out.
<b>Ageism</b>	Ask: “Have you ever said to yourself ‘I’m not getting any younger’ or has someone said to you ‘what do expect at your age?’?”
<b>Caregiving / Continuum of Care</b>	Ask: “Does someone help you with anything at least monthly? Would life be easier if you had some help?”
<b>Change</b>	Ask : “Has your health changed noticeably over the past week? Month? Year?”
<b>Communication</b>	Ask: “Do you have trouble following conversations or what is on TV? Do you have trouble expressing yourself? Do you have any vision or hearing problems?”
<b>Dis-Ease</b>	Ask: “Are you depressed? Lonely? Do you feel life is not worth living? Do you worry about anything? Are you afraid of anything?”
<b>Education</b>	Ask: “Do you understand what your doctors tell you? Do you know what all your medications are for? Do you know what your health problems are?”
<b>Functional Ability / Safety</b>	Ask: “Are you able to manage your affairs and perform basic daily activities (eg wash up, go to the bathroom, balance your checkbook, and buy groceries)? Do you use a cane or a walker? Are you afraid of falling? Have you fallen in the past year? Have you had any other accidents in the house or driving?”
<b>Multiple Problems</b>	Ask: “What have you been diagnosed with? Do you have other health problems?”
<b>Pain</b>	Ask: “Have you suffered from pain in the past month? How often do you have pain?”
<b>Polypharmacy</b>	Ask: “What medications do you take? Do you think any of the medications don’t agree with you? Do you ever miss a dose of your medication? Do you have trouble affording your medications?”
<b>Quality of Life</b>	Ask: “On a scale of 1 to 10, where 1 is ‘the pits’ or ‘terrible’ and 10 is ‘great’, how would you rate your life right now?”

