

## Care of the Vulnerable Elderly PIM Chart Questions

No.	Question Text	Responses
1	The patient identifier below is for your reference only. Some physicians choose to enter a medical record number or patient initials. Any combination of letters and numbers that are meaningful to you may be used.	N/A
2	Patient ID	N/A
3	NOTE: For the Patient Visit Date below, enter the most recent visit date.	N/A
4	Patient Visit Date	N/A
5	Gender:	[1] Male   [2] Female
6	Age at the most recent visit:	N/A
7	Is the zip code of the patient's primary residence documented in the medical record?	[1] Yes   [2] No
8	5-digit zip code:	N/A
9	Patient is Hispanic or of Latino origin or descent:	[1] Yes   [2] No   [3] Unknown
10	Race (check all that apply):	[1] White   [2] Black or African American   [3] Asian   [4] Native Hawaiian or other Pacific Islander   [5] American Indian or Alaska Native   [6] Other   [7] Unknown
11	Have language barriers affected your ability to care for this patient?	[1] Not at all   [2] Somewhat   [3] Greatly
12	What is the patient's expected source(s) of payment at the most recent visit, which is listed above? Check all that apply.	[1] Private insurance   [2] Traditional Medicare (Part B)   [3] Medicare Advantage/HMO (Part C)   [4] Medicare - type unknown   [5] Medicaid/SCHIP   [6] Worker's compensation   [7] VA, military, or other government   [8] Self-pay (not counting co-payment)   [9] No charge or charity care   [10] Other   [11] Unknown
13	Has the patient's health insurance status affected the choices of care you made for this patient?	[1] Not at all   [2] Somewhat   [3] Greatly

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14	Physical Findings	N/A
15	Is the patient's weight documented in the medical record?	[1] Yes, in pounds   [2] Yes, in kilograms   [3] No
16	Weight in pounds:	N/A
17	Weight in kilograms:	N/A
18	Is the patient's height (from any visit) documented in the medical record?	[1] Yes, in inches   [2] Yes, in centimeters   [3] No
19	Height in inches:	N/A
20	Height in centimeters:	N/A
21	If both weight and height are not available, what is the patient's body habitus?	[1] Underweight (BMI < 18.5)   [2] Normal (BMI 18.5 - 24.9)   [3] Overweight (BMI 25.0 - 29.9)   [4] Obese (BMI >= 30)   [5] Not documented
22	Is the date of the most recent blood pressure measurement documented in the medical record?	[1] Yes, it's the patient visit date above   [2] Yes, it's a date prior to the patient visit date   [3] No, the date is not documented, but results are available   [4] No, neither the date nor results are documented
23	Date of BP measurement:	N/A
24	Systolic reading (mm Hg):	N/A
25	Diastolic reading (mm Hg):	N/A
26	Does the patient use an assistive device such as a cane, walker, or an occasional wheelchair for mobility? (Do not include patients who are wheelchair bound.)	[1] Yes   [2] No   [3] Not documented
27	Chronic Medical Conditions	N/A
28	Does the patient have diabetes?	[1] Yes   [2] No   [3] Not documented
29	Does the patient have coronary heart disease (CHD)?	[1] Yes   [2] No   [3] Not documented
30	Does the patient have heart failure?	[1] Yes   [2] No   [3] Not documented
31	Has the patient had prior CVA?	[1] Yes   [2] No   [3] Not documented
32	Does the patient have hypertension?	[1] Yes   [2] No   [3] Not documented

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33	Does the patient have arthritis that limits mobility or causes significant pain?	[1] Yes   [2] No   [3] Not documented
34	Has the patient had a prior hip fracture?	[1] Yes   [2] No   [3] Not documented
35	Does the patient have osteoporosis?	[1] Yes   [2] No   [3] Not documented
36	Does the patient have neuropathy?	[1] Yes   [2] No   [3] Not documented
37	Does the patient have Parkinson's disease?	[1] Yes   [2] No   [3] Not documented
38	Does the patient have COPD?	[1] Yes   [2] No   [3] Not documented
39	Does the patient have cognitive impairment?	[1] Yes   [2] No   [3] Not documented
40	Does the patient have visual impairment?	[1] Yes   [2] No   [3] Not documented
41	Does the patient have hearing impairment?	[1] Yes   [2] No   [3] Not documented
42	Behavioral Assessments	N/A
43	Is the patient a current smoker?	[1] Yes   [2] No   [3] Not documented
44	Has the patient's current level of exercise or physical activity been documented in the medical record within the last 12 months?	[1] Yes   [2] No
45	Has the patient been advised to start, increase, or maintain participation in an exercise program that includes attention to balance and strength?	[1] Yes   [2] No
46	Has the patient's current level of alcohol use been documented in the medical record within the last 12 months?	[1] Yes   [2] No
47	Does the patient engage in potentially hazardous drinking (more than one drink daily or more than three drinks on any occasion)?	[1] Yes   [2] No
48	Screens and Examinations	N/A
49	Has the patient been screened for depression within the past 12 months?	[1] Yes   [2] No

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No.	Question Text	Responses
50	Has the patient been screened for cognitive impairment within the past 12 months?	[1] Yes   [2] No
51	Has the patient been screened for falls risk within the past 12 months?	[1] Yes   [2] No
52	Has the patient had vision testing within the past 24 months?	[1] Yes   [2] No
53	Has the patient had a hearing assessment?	[1] Yes   [2] No
54	Has the patient fallen within the past 12 months?	[1] Yes   [2] No   [3] Not documented
55	Were the circumstances of the last fall completely documented?	[1] Yes   [2] No
56	Does the patient have a fear of falling because of balance or trouble walking within the past 12 months?	[1] Yes   [2] No   [3] Not documented
57	Does the patient have urinary incontinence?	[1] Yes   [2] No   [3] Not documented
58	Is the patient's incontinence bothersome enough to want to know about treatment options?	[1] Yes   [2] No   [3] Not documented
59	Has an evaluation or an attempt at treatment for urinary incontinence been done?	[1] Yes   [2] No   [3] Not documented
60	Current Mobility Status	N/A
61	Can the patient climb a flight of stairs?	[1] Yes   [2] No   [3] Not documented
62	Can the patient walk 1/4 mile?	[1] Yes   [2] No   [3] Not documented
63	Functional Status	N/A
64	Which of the following best describes this patient's current physical functional status (e.g., physical ability)?	[1] Fully active; able to carry on all performance without restriction.   [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work).   [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.   [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.   [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

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65	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes   [2] No   [3] Not documented
66	Is the patient independent in activities of daily living (ADLs)?	[1] Yes   [2] No   [3] Not documented
67	Tests and Assessments	N/A
68	Has an assessment for postural hypotension been done within the past 12 months?	[1] Yes   [2] No
69	Does the patient have postural hypotension?	[1] Yes   [2] No
70	At any time, has a gait evaluation been done?	[1] Yes   [2] No
71	At any time, has a balance evaluation been done?	[1] Yes   [2] No
72	At any time, has quadriceps strength testing been done?	[1] Yes   [2] No
73	At any time, has testing for rigidity (cogwheeling) been done?	[1] Yes   [2] No
74	At any time, has testing for bradykinesia been done?	[1] Yes   [2] No
75	Interventions for Patients with a Fall or Fear of Falling	N/A
76	For patients with a fall or fear of falling in the past 12 months, has a gait evaluation been done?	[1] Yes   [2] No
77	For patients with a fall or fear of falling in the past 12 months, has a balance evaluation been done?	[1] Yes   [2] No
78	For patients with a fall or fear of falling in the past 12 months, has quadriceps strength testing been done?	[1] Yes   [2] No
79	For patients with a fall or fear of falling in the past 12 months, has testing for rigidity (cogwheeling) been done?	[1] Yes   [2] No
80	For patients with a fall or fear of falling in the past 12 months, has testing for bradykinesia been done?	[1] Yes   [2] No
81	For patients with a fall or fear of falling in the past 12 months, has a referral for physical therapy/rehabilitation been arranged?	[1] Yes   [2] No

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82	For patients with a fall or fear of falling in the past 12 months, has a medication review been done?	[1] Yes   [2] No
83	For patients with a fall or fear of falling in the past 12 months, has a home-safety assessment been done?	[1] Yes   [2] No
84	Medications	N/A
85	Is there documentation of whether or not the patient used over-the-counter medications?	[1] Yes   [2] No
86	Is there documentation of whether or not the patient used complementary/alternative medicine?	[1] Yes   [2] No
87	What is the total number of prescription medications used by the patient?	N/A
88	Preventive Care	N/A
89	Has the patient received an influenza vaccine during the most recent flu season?	[1] Yes   [2] No
90	Has the patient received a pneumococcal vaccine?	[1] Yes   [2] No
91	Has the patient received zoster vaccine?	[1] Yes   [2] No
92	Has bone-mineral density screening been done for this female patient?	[1] Yes   [2] No
93	Has bone-mineral density screening been done for this male patient, age 70 or older?	[1] Yes   [2] No
94	Has the patient received a home safety checklist?	[1] Yes   [2] No
95	Has the patient been advised to limit alcohol consumption?	[1] Yes   [2] No
96	Is there documentation of smoking-cessation counseling?	[1] Yes   [2] No
97	Date of the most recently documented smoking-cessation counseling:	N/A

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98	During the past 12 months, what type of smoking-cessation support has been offered? (Check all that apply.)	[1] Brief advice to stop smoking   [2] Support within the office practice   [3] Referral to a smoking-cessation program   [4] Medication (e.g., nicotine replacement therapy, bupropion, varenicline)   [5] No support has been offered during the past 12 months   [6] Other
99	Patient Preferences	N/A
100	Does the chart document the patient's preferences for life-sustaining care?	[1] Yes   [2] No
101	Does the chart document the patient's designated surrogate decision-maker?	[1] Yes   [2] No
102	Barriers to Self Care	N/A
103	Is there evidence in the medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care?	N/A
104	Psychiatric illness or cognitive impairment	[1] Yes   [2] No
105	Problems with adherence	[1] Yes   [2] No
106	Other medical conditions	[1] Yes   [2] No
107	Social factors	[1] Yes   [2] No