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Introduction to the Senior Health Assessment

“Ask not what your doctor can do for you; ask what you can do for your doctor and yourself”

With gratitude to President John F. Kennedy

There will never be enough geriatricians - doctors (like me) who are specially trained to treat older people - to care for our rapidly aging population. Likewise, there will likely never be enough internists or family practitioners with similar knowledge to care for older adults the way they should be cared for and the way they deserve to be treated.

What to do about this? Older adults need to take things into their own hands by watching out for themselves. And family and friends need to keep an eye on their older loved ones too.

That's where this Senior Health Assessment comes in. I developed it to help you to help yourself. I hope you, your family, and friends look through it and learn from it. Complete the forms, assessments, and checklists. Most importantly, print out the summary report and bring it to your primary care doctor on your next visit. You and your doctor will both now have better information to address your most important health care needs - the ones that affect your enjoyment of life and your ability to function in the world. And you will feel more secure and confident that you are doing everything you can to make your life everything it can be.

I hope this is just the start of a grassroots geriatrics effort that will result in healthier, happier, and more functional older people. Spread the word by talking with others about it. E-mail me to let me know what YOU think and where we can go from here.

You have A LOT to expect at your age! Don't let it slip by.

Sincerely,

Dr. Rob Stall
Buffalo, NY
Expectations for Older Adults

You should expect...

Knowledgeable and compassionate health care;

To be given medications and treatments that

Only make you feel better, not worse;

To live as pain-free as possible;

To get the help you need to live life to the fullest;

Never to be abandoned or forgotten;

Not to live a life of loneliness or depression;

Never to be the object of prejudice or abuse;

To be listened to, valued, and respected;

To live up to your potential and have hope for the future;

And lastly...

You should expect never to be taken advantage of,

Except for your talents, knowledge and wisdom.
Key Principles of Geriatrics

For older adults, baby boomers, caregivers, and health care professionals

**Principle 1: SUDDEN CHANGE comes from sudden problems!**

An older person that suddenly becomes confused - but was alert and oriented the day or week before - is having an acute problem such as an infection, medication side effect, stroke or even a heart attack. These and many other acute problems can be treated effectively if diagnosed properly and in a timely manner. An older person often has unusual or subtle symptoms. Confusion may be the only symptom of a heart attack in an older person. A younger person would be more likely to experience the classic symptoms of chest pressure and arm pain. A sudden change DOES NOT mean Alzheimer's disease has set in overnight.

**Principle 2: GRADUAL DECLINE is often treatable!**

There are many problems in older adults that develop slowly and may cause gradual decline. Alzheimer's disease may be one, but an overactive or underactive thyroid, vitamin B12 deficiency, poor nutrition, Parkinson's disease and depression are other examples. Loneliness and social isolation can also cause gradual decline. Appropriate medical treatments, improved transportation, hearing aids or glasses, joining a health spa, volunteer work, kind words of reassurance or a big hug now and then can all have a remarkable therapeutic effect.

**Principle 3: MEDICATION TOXICITY in older adults is our MAJOR DRUG PROBLEM!**

Many older people see several doctors, each of whom may prescribe different medications. These same people may also use over-the-counter medication regularly. They may even get their medications from more than one pharmacy, or from friends. It's not hard to see how medications may pile up and how difficult
they may be to track. Even one drug that's not right for a person can impair function and decrease enjoyment of life. Imagine what five – or ten, or fifteen – can do. Older adults should make sure their doctors know about all medications they are taking and question doctors about prescribed drugs. Are they necessary? What side effects should I watch for? Are they safe to take with my other medications? The doctor should also know about alcohol, cigarette and coffee use.

**Principle 4: DIS-EASE (not just disease) must be sought for and treated!**

It's the little things that can kill you, or at least make you wish you were dead. Loneliness. No way to get around. Pain. Family discord. Worries about money. Death of a friend. These are examples of DIS-EASES that MUST be addressed for an older person to live a truly happy and healthy life.

**Principle 5: AGEIST ATTITUDES are harmful!**

*What do you expect at your age? You're not getting any younger!* Does this sound familiar? They are UNJUST GENERALIZATIONS and PREJUDICIAL STATEMENTS that assume people naturally become weak, sick and forgetful as they age. Older people get sick from diseases or dis-eases, not "old age".

**Principle 6: QUALITY OF LIFE & FUNCTIONAL ABILITY are where it's at!**

Improving quality and maximizing function in the lives of older adults are the primary goals of good geriatric care. And there are plenty of approaches and resources that can help.

**Principle 7: There is ALWAYS something that can be done to help!**

I've NEVER sent anyone out of my office telling them "there's nothing more I can do for you". With a little thought and creativity, I've always found SOMETHING that could help my patient be a little happier or healthier.
Demographics - Basic Information Your Doctor Needs to Know

Patient name:

____________________________________

Name of person who completed this assessment:

____________________________________

Relationship to you (check one):

○ Self          ○ Spouse          ○ Son
○ Daughter      ○ Other (specify):

____________________________________

Date completed:

____________________________________

Patient sex:

○ Male          ○ Female

Date of birth:

____________________________________

Place/Country of Birth:

____________________________________

Marital Status:

○ Single         ○ Divorced        ○ Married
○ Partnered      ○ Separated       ○ Widowed

Main Occupation/Role During Your Life:

____________________________________

Sexual orientation:

○ Bisexual       ○ Heterosexual
○ Homosexual     ○ Other

Living Situation:

○ Alone          ○ With Spouse or Partner
○ With Child     ○ With Other Relative
○ With Friend    ○ Other (specify):

____________________________________

Household Type:

○ Apartment      ○ Assisted-living facility
○ Nursing home   ○ Own a home
○ Senior apartment ○ Other (specify):

____________________________________

Highest Level of Education Completed:

○ Some grade school
○ High school
○ Some college
○ College
○ Some graduate school
○ Graduate school

____________________________________
Overall Health - How Is Your Overall Health?

Rate your OVERALL HEALTH:
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

How has your overall health CHANGED over the past year?
- ☐ A lot worse
- ☐ A little worse
- ☐ About the same
- ☐ A little better
- ☐ A lot better

Which of the following do you use on a regular basis?
- ☐ Alcohol
- ☐ Herbal remedies
- ☐ Marijuana
- ☐ OTC medications
- ☐ Prescription medications
- ☐ Tobacco products
- ☐ Vitamins

What makes you feel AFRAID?
- Fears

What is most EMBARRASSING for you?
- Embarrassments

What is the one thing you do that you ENJOY the most?
- Main enjoyment

What specific GOALS do you have?
- Goals

What is the most MEMORABLE EXPERIENCE of your life?
- Most memorable experience

What are you most PROUD of?
- Most proud of

What REGRETS do you have?
- Regrets

What makes you feel WORRIED?
- Worries
Activities - Are You Staying Active?

Things you do at least weekly (check all that apply)

☐ Attend religious services  ☐ Read
☐ Cook  ☐ Rent a movie
☐ Do a crossword puzzle  ☐ Ride a bicycle
☐ Drive  ☐ Take a walk
☐ Exercise  ☐ Talk to friends or family on the telephone
☐ Get out and socialize with others  ☐ Use a computer for email
☐ Go dancing  ☐ Use a computer for things other than email
☐ Go to the casino  ☐ Visit with family
☐ Go to the gym  ☐ Volunteer
☐ Go to the movies  ☐ Watch TV
☐ Listen to music (tapes/CD's/records)  ☐ Work at a paying job
☐ Listen to the radio  ☐ Write letters
☐ Play a sport  ☐ None of the above
☐ Play bingo
☐ Pursue a hobby

Comments:

*Staying active is one of the most important things you can do to stay physically and mentally healthy.*
Advance Directives

Which of the following advance directives do you have in place (choose all that apply):

- Do Not Resuscitate (DNR) from
- Durable power of attorney
- Health Care Proxy (HCP) form
- Medical Orders for Life-Sustaining Treatment (MOLST) form
- Living will
- Regular power of attorney
- Regular will
- No advance directives at this time

Comments:

*It is very important to discuss with a loved one your wishes under life-threatening health conditions, such as whether you would ever want ...*

... CPR if your heart stopped
... To have a feeding tube if you couldn't eat for yourself
... To be on a ventilator if you couldn't breathe without it
... To be put on dialysis if your kidneys fail
... To have a blood transfusion if you become critically anemic

Advance directives are formal documents that help make it clear for health professionals exactly what you would want for yourself in life-threatening or end-of-life situations.

At the very least, you should complete a Health Care Proxy form which designates one person you trust to make health decisions when you no longer can.
Alcohol Use - Could Alcohol Be a Problem for You?

Check all that apply to you

- You have been annoyed at other's criticism of your drinking
- You have felt guilty about drinking
- You have had an eye opener to steady your nerves or get rid of a hangover
- You or others have felt you should cut down your alcohol consumption

On average, how much alcohol do you drink (choose best answer)?

- Don't drink
- Less than 1 drink monthly
- 1 drink monthly
- More than 1 drink monthly but less than 1 drink weekly
- 1 drink weekly
- More than 1 drink weekly but less than 1 drink daily
- 1 drink daily
- More than 1 drink daily

What is your usual drink (check all that apply)?

- I don’t drink
- Bottle, can, or glass of beer or ale
- Bottle of hard lemonade
- Glass of wine
- Mixed drink
- Shots
- Wine cooler

Have you ever fallen after drinking?

- Yes  |  No

Have you ever had a car accident after drinking?

- Yes  |  No
Andropause - Is Your Testosterone Low? [Men only]

Which of the following have you experienced recently?

☐ Decreased ability to play sports?
☐ Decreased libido/sex drive?
☐ Decreased overall enjoyment of life?
☐ Decreased strength/endurance?
☐ Deterioration in your work performance?
☐ Erections less strong?
☐ Falling asleep after dinner?
☐ Feeling sad/grumpy?
☐ Lack of energy?
☐ Loss of height?
☐ None of the above

Comments:
If you responded yes answers to questions 2 or 6, or any three other questions, you may have low testosterone. Discuss this with your primary doctor. Blood tests to check testosterone, FSH, and LH done at 9a (when your hormone levels should be the highest) can help confirm this.

If not contraindicated, a prescribed testosterone cream can correct the insufficiency and improve your mood, energy, thinking, sexual function, and overall sense of well-being.

Reference:
Morley, Metabolism. 2000; 49(9): 1239-1242.
Balance - Are You Taking Medications That Might Make You Fall?

Which of the following types of medications have you taken in the past week?

☐ Blood pressure medication
☐ Heart medication (e.g. for irregular rhythm, congestive heart failure, or angina)
☐ Medication for anxiety or nervousness
☐ Medication for depression
☐ Medication for Parkinson's Disease
☐ Medication for urine incontinence or leakage
☐ Narcotic pain medication (for example, Darvocet, Duragesic patch, hydrocodone, Lortab, Roxicet)
☐ Over-the-counter allergy medication
☐ Over-the-counter cold remedy
☐ Over-the-counter sleeping pill (for example, Tylenol PM, Advil PM, other)
☐ Prescription sleeping pill
☐ Seizure medication
☐ "Water" pill
☐ None of the above

Comments:

If you have any of the symptoms listed above, you are more likely to fall. Orthopedic, neurologic, cardiovascular problems and medication side effects are common causes. Discuss these issues with your doctor as soon as you can. Your primary care doctor, a physical therapist, audiologist or ENT doctor can also help determine if an inner ear disorder might also be causing a problem.
Balance - Do You Feel Unsteady or Afraid You Will Fall?

Which of the following have you experienced recently?

- Balance is affected by eating or drinking certain foods
- Balance is thrown off by loud noises
- Bump into things more than usual
- Dizzy or lightheaded after exercising or straining
- Dizzy or lightheaded when moving from a sitting to a standing position
- Dizzy or unsteady after moving ahead quickly or rolling over in bed
- Dizzy or unsteady because of difficulty judging distances when walking or driving
- Dizzy when looking up close then looking far away (such as reading then watching TV)
- Double vision
- Fall in the past year
- Feel unbalanced or about to fall
- See flashing lights and spots and feel disoriented
- Sudden loss of vision in one or both eyes
- Vision sometimes gets wavy
- Walk funny or feel like movement continues after being in a car, train, plane or elevator
- None of the above
Caregiving - Are You Helping to Care for a Loved One?

If you help care for a loved one, which of the following have you experienced within the past month?

- Been edgy or irritable
- Been upset about the support your family provides
- Been upset that your loved one has changed so much from his/her former self
- Felt all alone
- Felt completely overwhelmed
- Felt ill (headaches, stomach problems, or common cold)
- Felt loss of privacy and/or personal time
- Felt strained between caring for your loved one and work and family responsibilities
- Felt that you couldn't leave your loved one alone
- Felt useful and needed
- Found your loved one's living situation inconvenient or a barrier to care
- Had a crying spell
- Had back pain
- Had difficulty making decisions
- Had sleep disturbed because of caring for your loved one
- Had trouble keeping your mind on what you were doing

Comments:

The symptoms above are commonly experienced when caregiving. Caregiving can be very stressful.

A caregiver support group may help you deal with your stress and realize that you are not alone in your caregiving role. Asking for help from friends, relatives, or a home care agency might also help you to take care of yourself as well as your loved one.

Reference:

Adapted from the American Medical Association Caregiver Self-Assessment Questionnaire
Daily Function - Do You Have Problems Managing In Everyday Life?

Check one answer that best describes how difficult it is for you to do the following tasks

Bathe
○ No difficulty
○ Can do it myself with special equipment
○ Need someone to help me

Use the bathroom
○ No difficulty
○ Can do it myself with special equipment
○ Need someone to help me

Dress
○ No difficulty
○ Can do it myself with special equipment
○ Need someone to help me

Eat
○ No difficulty
○ Can do it myself with special equipment
○ Need someone to help me

Get in and out of bed
○ No difficulty
○ Can do it myself with special equipment
○ Need someone to help me

Get in and out of a chair
○ No difficulty
○ Can do it myself with special equipment
○ Need someone to help me

Walk
○ No difficulty
○ Can do it myself with special equipment
○ Need someone to help me

Cook
○ Do it myself
○ Need some help
○ Someone else does it for me

Do laundry
○ Do it myself
○ Need some help
○ Someone else does it for me

Manage money
○ Do it myself
○ Need some help
○ Someone else does it for me

Shop for groceries
○ Do it myself
○ Need some help
○ Someone else does it for me

Take medication
○ Do it myself
○ Need some help
○ Someone else does it for me

Use the telephone
○ Do it myself
○ Need some help
○ Someone else does it for me

Do housework
○ Do it myself
○ Need some help
○ Someone else does it for me

Check one answer that best describes how you manage the following activities

Comments:
Contact a relative, friend, neighbor or home care agency if you are having difficulty managing on your own.

References:
Diabetes Risk Test - Are You at Risk for Diabetes?

Which of the following apply to you?

- Weight is equal to or above that on the Diabetes At-Risk Weight Chart (5 pts)
- Under 65 years old AND get little or no exercise during a usual day (5 pts)
- Between 45 and 64 years old (5 pts)
- 65 years old or older (9 pts)
- Female AND had a baby weighing more than 9 pounds at birth (1 pt)
- Have a sister or brother with diabetes (1 pt)
- Have a parent with diabetes (1 pt)

Comments:
The more points, the greater risk you have for getting diabetes, especially if you are Hispanic/Latino, African American, American Indian, Asian American, or Pacific Islander.

Only your health care provider can determine if you have diabetes. At your next office visit, find out for sure.

Reference:
American Diabetes Association http://www.diabetes.org/risk-test.jsp
Dizziness - Is It Keeping You From Doing What You Want to Do?

Does looking up increase your problem?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem, do you feel frustrated?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem, do you restrict your travel for business or recreation?
   ○ Yes  ○ Sometimes  ○ No

Does walking down the aisle of a supermarket increase your problems?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem, do you have difficulty getting into or out of bed?
   ○ Yes  ○ Sometimes  ○ No

Does your problem significantly restrict your participation in social activities, such as going out to dinner, going to the movies, dancing, or going to parties?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem, do you have difficulty reading?
   ○ Yes  ○ Sometimes  ○ No

Does performing more ambitious activities such as sports, dancing, household chores (sweeping or putting dishes away) increase your problems?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem, are you afraid to leave your home without having someone accompany you?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem have you been embarrassed in front of others?
   ○ Yes  ○ Sometimes  ○ No

Do quick movements of your head increase your problem?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem, do you avoid heights?
   ○ Yes  ○ Sometimes  ○ No

Does turning over in bed increase your problem?
   ○ Yes  ○ Sometimes  ○ No

Because of your problem, is it difficult for you to do strenuous homework or yard work?
   ○ Yes  ○ Sometimes  ○ No
Because of your problem, are you afraid people may think you are intoxicated?

- Yes
- Sometimes
- No

Because of your problem, is it difficult for you to go for a walk by yourself?

- Yes
- Sometimes
- No

Does walking down a sidewalk increase your problem?

- Yes
- Sometimes
- No

Because of your problem, is it difficult for you to concentrate?

- Yes
- Sometimes
- No

Because of your problem, is it difficult for you to walk around your house in the dark?

- Yes
- Sometimes
- No

Because of your problem, are you afraid to stay home alone?

- Yes
- Sometimes
- No

Because of your problem, do you feel handicapped?

- Yes
- Sometimes
- No

Has the problem placed stress on your relationships with members of your family or friends?

- Yes
- Sometimes
- No

Because of your problem, are you depressed?

- Yes
- Sometimes
- No

Does your problem interfere with your job or household responsibilities?

- Yes
- Sometimes
- No

Does bending over increase your problem?

- Yes
- Sometimes
- No
Driving - Are You a Danger to Yourself or Others?

If you’re a driver, have you experienced any of the following in the past year?

☐ Avoided driving at night
☐ Avoided driving during rush hour
☐ Avoided driving on highways
☐ Been told by a friend or loved one that you should stop driving
☐ Cars seemed to appear from nowhere at times
☐ Couldn’t hear a police or ambulance siren
☐ Couldn’t read road signs until very close to them
☐ Felt exhausted after driving
☐ Got a ticket for speeding, going through a stop sign, or driving while intoxicated
☐ Got lost and had to ask for directions
☐ Had an accident or a close call in the past year
☐ Had trouble getting on to highways
☐ Had trouble judging how far other cars were from you
☐ Other drivers honked at you
☐ Reacted more slowly than you used to in dangerous situations
☐ Thought “whew, that was close”

Comments:
Any checked item may indicate that you are having difficulty driving safely.

Talk to your primary care doctor about getting a driver safety evaluation to identify approaches that would ensure that you are not a danger to yourself or others on the road.

Reference:
Adapted from information available at http://seniordrivers.org/
End of Life Values and Beliefs - What Kind of Death Do You Want?

For each question, check one answer to express how important these issues would be to you if you were nearing the end of your life.

Avoiding all medical tests, procedures and treatments
- Not important
- Somewhat important
- Important
- Very important

Avoiding hospitalization
- Not important
- Somewhat important
- Important
- Very important

Avoiding uncomfortable medical tests, procedures and treatments
- Not important
- Somewhat important
- Important
- Very important

Being able to feel someone touching me
- Not important
- Somewhat important
- Important
- Very important

Being able to tell my life story and leave good memories for others
- Not important
- Somewhat important
- Important
- Very important

Being alert, even if it means I might be in pain
- Not important
- Somewhat important
- Important

Being around my family and close friends
- Not important
- Somewhat important
- Important
- Very important

Being at home when I die
- Not important
- Somewhat important
- Important
- Very important

Being kept alive long enough for my family to get to my bedside to see me before I die, even if I'm unconscious
- Not important
- Somewhat important
- Important
- Very important

Being treated to avoid pain and suffering, even if it means that I might not live as long
- Not important
- Somewhat important
- Important
- Very important

Having religious or spiritual advisors at my side when I die
- Not important
- Somewhat important
- Important
- Very important
Reconciling differences and saying "good-bye" to my family and friends

- Not important
- Somewhat important
- Important
- Very important

What are some of the things that could make your last weeks, days, or hours the most peaceful?

Peace

What are your biggest fears about the end of life?

Fears

What are your biggest hopes about the end of your life?

Hopes

Comments:
Contact your primary care doctor, palliative care specialist, or local Hospice organization for more information and care.

Reference:
Adapted from chart in:
http://www.compassionandsupport.org/pdfs/about/advance_care_planning.pdf
Advance Care Planning Booklet
Feelings & Attitudes - Are Your Feelings and Emotions Keeping You From Living Life to the Fullest?

Which of the following feelings or attitudes do you experience at least weekly?

- Anger
- Anxiety or nervousness
- Arrogance
- Bashfulness or shyness
- Boredom
- Cautiousness
- Confidence
- Curiosity
- Depression or sadness
- Determination
- Disappointment
- Disgust
- Embarrassment
- Exasperation
- Fear or worry
- Frustration
- Grief
- Guilt
- Happiness
- Helpfulness
- Helplessness
- Hopefulness
- Hopelessness
- Impatience or irritability
- Indecisiveness
- Indifference
- Jealousy
- Loneliness
- Mischievousness
- Negativity
- Playfulness
- Regret
- Relief
- Satisfaction
- Self-absorption
- Selfishness
- Selflessness
- Suspiciousness or paranoia
- Sympathy
- Thoughtfulness
- Thoughtlessness

Comments:
Discuss your overall feelings and attitudes with your primary care doctor.

Try to prioritize the ones that make your life less enjoyable and find one approach that can make a difference (e.g. venting, lifestyle changes, education, relaxation therapy, and exercise, meditation, talking to a counselor, medication adjustments, and new medications).
Grief - How Are You Dealing With It?

How do you deal with or feel towards grief (death of a loved one, divorce, losing a job, etc.)?

☐ I'll just get through it
☐ I know that working at grief is necessary
☐ I'll never get over it
☐ Resolution of my grief is possible
☐ I'll get through my grief in about one year
☐ It may take longer or shorter than one year to get through it
☐ Some types of deaths or devastating events are easier than others
☐ Each type of death or devastating event is different and difficult, not better or worse
☐ Prior knowledge makes grieving easier
☐ Anticipating death or a devastating event doesn't reduce grief work
☐ Life will never be good again
☐ Life can be good again, even better
Hearing - Are You Going Deaf?

Do you experience any of the following on a regular basis?

- Ask people to repeat what they just said
- Attend religious services less often than you would like because of a hearing problem
- Can’t understand words being spoken to you
- Difficulty hearing in noisy or public places
- Difficulty hearing others on the telephone
- Difficulty hearing others when they’re in another room or behind you
- Difficulty hearing the TV or radio
- Difficulty hearing whispers
- Difficulty in a restaurant with family or friends because of a hearing problem
- Difficulty when visiting friends, relatives, or neighbors because of a hearing problem
- Embarrassment when you meet new people because of a hearing problem
- Feel handicapped because of a hearing problem
- Frustration when talking to members of your family because of a hearing problem
- Have arguments with family members because of a hearing problem
- Hearing problems limit your personal or social life
- Others complain that you play the radio or TV too loudly
- Others have said you speak too loudly
- Others seem to mumble when they talk
- Straining to hear

Comments:
Any of the answers above may indicate that you may have difficulty hearing properly.

Have your primary doctor check for wax in your ears. If that doesn't correct your hearing completely, you could benefit from a formal hearing evaluation by an audiologist or ENT doctor.

References:

Hearing Handicap Inventory [http://www.aaiaudiology.com/questionnaire.html](http://www.aaiaudiology.com/questionnaire.html)
Medical Problems - What Medical Problems are holding you back?

For which of the following medical problems have you been in the hospital, had surgery, or take a medication (choose all that apply)?

- Alzheimer's Disease
- Anemia
- Anxiety
- Cancer
- Cataracts
- Congestive heart failure
- COPD or emphysema
- Coronary artery disease
- Depression
- Diabetes
- GERD/reflux disease
- Glaucoma
- High blood pressure
- High cholesterol
- Hypothyroidism
- Kidney failure
- Macular degeneration
- MI/heart attack
- Osteoarthritis
- Osteoporosis
- Parkinson's Disease
- Rheumatoid arthritis
- Stroke
- Vitamin B12 deficiency
- Other
Medications - Are Medications Making You Sick?

Which of the following medications do you currently take (choose all that apply):

- amitriptyline (Elavil), chlordiazepoxide-amitriptyline, (Limbitrol), and perphenazine-amitriptyline (Triavil)
- antihistamines such as: single and combination preparations containing chlorpheniramine (Chlor-Trimeton), diphenhydramine (Benadryl), hydroxyzine (Vistaril, Atarax), PERIACTIN® (cyproheptadine HCl), promethazine (Phenergan), tripeledamine (PBZ), and dexchlorpheniramine
- barbiturates (all except phenobarbital)
- chlorpropamide (Diabinese)
- dicyclomine (Bentyl), hyoscyamine (Levsin, Levsinex), propantheline (Pro-Banthine), belladonna alkaloids (Donnatal and others), and clidinium-chlordiazepoxide (Librax)
- digoxin (Lanoxin) >0.125 mg/day
- diphenhydramine (Benadryl)
- dipyridamole (Persantine)
- disopyramide (Norpace, Norpace CR)
- doxepin (Sinequan)
- ergot mesylates (Hydergine), cyclandelate (Cyclospasmol), (other cerebral vasodilators)
- indomethacin (INDOCIN®, INDOCIN SR®)
- long-acting benzodiazepines - chlordiazepoxide (Librium), clidinium-chlordiazepoxide (Librax), diazepam (Valium), and flurazepam (Dalmene)
- meperidine (Demerol)
- meprobamate (Miltown, Equanil)
- methocarbamol (Robaxin), carisoprodol (Soma), chlorzoxazone (Paraflex), metaxalone (Skelaxin), cyclobenzaprine (FLEXERIL®), dantrolene (Dantirum), and orphenadrine (Norflex, Norgesic)
- methyldopa (ALDOMET®), methyldopa-hydrochlorothiazide (ALDORIL®)
- pentazocine (Talwin)
- phenylbutazone (Butazolidin)
- reserpine (Serpasil), reserpine combination products
- ticlopidine (Ticlid)
- trimethobenzamide (Tigan)
- None of the above

Comments:
The medications above are generally NOT recommended for older adults. Talk with your primary care doctor or pharmacist if you are taking any of these medications.

References:
Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults: Results of a US Consensus Panel of Experts, Arch Intern Med 2003; 163:2716-2724.
Memory - Is Your Memory Slipping?

Do you experience any of the following on a regular basis?

- Feel irritable, agitated, suspicious, or see, hear, or believe things that aren’t real
- Feel sad, down in the dumps, or tearful
- Forget appointments, family occasions, or holidays
- Get lost when going for a walk or driving
- Have no interest in hobbies, reading, going to religious services, or other social activities
- Have trouble doing calculations, managing finances, or balancing the checkbook
- Have trouble finding the words you want to say, finishing sentences, or naming people and things
- More forgetful or can’t remember things that happened recently
- Need help eating, dressing, bathing, or using the bathroom
- Need reminders to do things like chores, shopping, or taking medicine
- Repeat yourself or ask the same questions over and over

Comments:
Any of the answers above may indicate that you have a problem with your memory.

Medication side effects, depression, thyroid disease, and other treatable problems can contribute to memory impairment.

Discuss your symptoms with your primary care doctor. Additional examination and testing, as well as consultation with a neurologist, neuropsychologist, psychiatrist or other specialist may be recommended to help determine what is causing your memory difficulty and what can be done about it.

References:
Alzheimer’s Checklist
http://alz.org/alzheimers_disease_symptoms_of_alzheimers.asp

Mood - Are You Depressed?

Which of the following do you apply to you?

- [ ] Feel afraid that something bad is going to happen to you
- [ ] Feel down in the dumps most of the time
- [ ] Feel pretty worthless the way you are now
- [ ] Feel that you have more problems with memory than most
- [ ] Feel that your life is empty
- [ ] Feel that your situation is hopeless
- [ ] Feel tired most of the time
- [ ] Feel unhappy most of the time
- [ ] Feel unsatisfied with your life
- [ ] Have dropped many of your activities and interests
- [ ] Often feel helpless
- [ ] Often get bored
- [ ] Prefer to stay at home rather than going out and doing new things
- [ ] Think that most people are better off than you are
- [ ] Think that there is nothing much to live for

Comments:

Any of the above can be a symptom of depression. Depression is common and treatable. Specific medical illnesses and medication side effects can cause depression.

Talk to your primary care doctor if you experience 5 or more of the above or you just feel depressed.

References:

Geriatric Depression Rating Scale
http://www.stanford.edu/~yesavage/Testing.htm

Mood - PHQ9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things
- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling down, depressed, or hopeless
- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television
- Not at all
- Several days
- More than half the days
- Nearly every day

Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling tired or having little energy?
- Not at all
- Several days
- More than half the days
- Nearly every day

Poor appetite or overeating?
- Not at all
- Several days
- More than half the days
- Nearly every day

Thoughts that you would be better off dead or of hurting yourself in some way
- Not at all
- Several days
- More than half the days
- Nearly every day

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Feeling bad about yourself — or that you are a failure or have let yourself or your family down
- Not at all
- Several days


**Nutrition - Do You Eat Properly?**

**Which of the following applies to you?**

☐ Don’t always have enough money to buy the food I need

☐ Eat alone most of the time

☐ Eat few fruits, vegetables, or milk products

☐ Eat fewer than two meals a day

☐ Have a condition that made me change the kind or amount of food I eat

☐ Have gained or lost at least 10 pounds in the past six months

☐ Have three or more drinks of beer, wine, or liquor almost every day

☐ Have tooth or mouth problems that make it hard for me to eat

☐ Not always physically able to shop, cook, or feed myself

☐ Take three or more different prescribed or over-the-counter drugs each day

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**Comments:**

*Any of the above could indicate you are not eating properly.*

*Talk with your primary doctor as soon as possible about what may be causing your nutritional problems and what can be done about it.*

**Reference:**

Pain - Is Pain Making Life Miserable?

How much pain do you usually have?
- 0 - No Pain
- 1 - Mild Pain
- 2 - Annoying Pain
- 3 - Nagging Pain
- 4 - Uncomfortable Pain
- 5 - Troublesome Pain
- 6 - Distressing Pain
- 7 - Intense Pain
- 8 - Dreadful Pain
- 9 - Excruciating Pain
- 10 - Worst Possible Pain

How much pain do you have right now?
- 0 - No Pain
- 1 - Mild Pain
- 2 - Annoying Pain
- 3 - Nagging Pain
- 4 - Uncomfortable Pain
- 5 - Troublesome Pain
- 6 - Distressing Pain
- 7 - Intense Pain
- 8 - Dreadful Pain
- 9 - Excruciating Pain
- 10 - Worst Possible Pain

How would you describe your pain? (Check all that apply)
- Aching
- Burning
- Numbness
- Pins and needles
- Pressure
- Sharp
- Shooting
- Stabbing
- Throbbing
- Tightness

When is your pain worse? (Check all that apply)
- In the morning
- In the afternoon
- In the evening
- When bending over
- When moving
- When sitting down for a while
- When sleeping
- When standing up for a while
- When walking

Do you take medication (prescription or over-the-counter) for your pain?
- Yes
- No

How does medication affect your pain? (Choose the best answer)
- Does not help with the pain
- Somewhat relieves the pain
- Somewhat relieves the pain at first, then wears off
- Relieves the pain
- Relieves the pain at first, then wears off
- Not applicable - I don't take medication for pain
What else do you do for your pain? (Check all that apply)
- Get acupuncture treatments
- Get joint or back injections
- Get massages
- Get physical therapy
- Get water therapy
- Get wax/paraffin treatments
- Had surgery
- Use creams or ointments

Which of the following does your pain affect? (Check all that apply)
- Doing basic daily activities (such as shopping)
- Going down stairs
- Going up stairs
- Getting in or out of bed
- Getting in or out of a car
- Performing chores
- Playing sports
- Playing with kids/grandkids
- Sleeping

- Standing up from a chair

Which of the following medical problems do you or have you had? (Check all that apply)
- Angina
- Cancer
- Coronary artery disease
- Depression
- Diabetes
- Fibromyalgia
- GERD/reflux disease
- Heart attack
- Leg edema
- Migraines
- Motor vehicle accident
- Osteoarthritis
- Osteoporosis
- Peripheral vascular disease
- Polymyalgia rheumatica
- Rheumatoid arthritis
- Shingles
- Stroke
- Temporomandibular joint (TMJ) problems
- Trigeminal neuralgia/tic doloreaux

Comments:
Discuss any pain with your primary care doctor or a pain specialist, especially if chronic and 4 out of 10 severities or more.

Reference:
Graphic from Challenges in Pain Management at the End of Life, American Family Physician, 10/1/2001: http://www.aafp.org/afp/20011001/1227.html
Physical Activity Readiness Questionnaire - Is It Safe For You to Exercise?

Check all the statements that apply to you

☐ A doctor has recommended medication for your blood pressure or a heart condition

☐ A doctor has said that you have a heart condition and recommended only medically supervised activity.

☐ On one or more occasions you have lost consciousness or fallen over as a result of dizziness

☐ You have a bone or joint problem that could be aggravated by the proposed physical activity

☐ You have chest pain brought on by physical activity

☐ You have developed chest pain in the past month

☐ You are aware, through your own experience or a doctor's advice, of other physical reasons that would prohibit you from exercising without medical supervision
Prevention - Are You Doing Everything You Can to Stay Healthy?

Choose the preventive health activities that you have NOT done within the time frame described

☐ Aspirin 81-325mg to prevent a heart attack (daily)
☐ Blood pressure check to prevent heart disease or stroke (at least once a year)
☐ Bone mineral density test ("DEXA scan") to check for osteoporosis (at least once after age 65)
☐ Colonoscopy to check for colon cancer (at least every 10 years starting at age 50)
☐ DPT (diphtheria/pertussis/tetanus) immunization (at least every 10 years)
☐ Exercise (formal exercise at least 3 times a week)
☐ Eyes/vision examination to check for cataracts, macular degeneration and glaucoma (at least once a year)
☐ Hearing evaluation (at least once a year)
☐ Height & weight to check for obesity (at least once a year)
☐ Herpes zoster immunization to prevent shingles (once at 65 y.o.)
☐ Influenza immunization to prevent seasonal flu (once a year before flu season)
☐ Lipid profile blood test to check for good and bad cholesterol (at least once every 5 years)
☐ Mammogram/breast exam (women) (every 1-2 years) OR PSA/prostate exam (men) (once a year)
☐ Pap smear (women) (at least once every 3 years) OR testicular self-exam (men) (at least once a month)
☐ Pneumonia immunization (once at 65 y.o. and at least once every 6-7 years thereafter)
☐ Skin examination to check for skin cancer (at least once a year)

Comments:
Talk to your primary care doctor about what else you should do to PREVENT health problems from developing.

Reference:
Preventive Tests and Procedures (from Geriatrics at Your Fingertips, American Geriatrics Society, 2005)
Quality of Life - How Do You Rate Your Quality of Life? What Could Make It Better?

On a scale of 1 to 10, where 1 is "terrible" and 10 is "great!" how would you rate your life right now?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

What is one thing you wish or think could be better to make your quality of life increase?

What is another thing you wish or think could be better to make your quality of life increase?

And a third thing you wish or think could be better to make your quality of life increase?

Comments:

Discuss with your primary care doctor ways you can improve your overall quality of life to one more than what you rated it.

For example, if you said “5”, try to aim for a “6”. Even if you said you were a “10”, try to work toward an “11”. Or if you were “-1”, try to figure out how to get to a “0”.

Safety - Is Your Living Environment Unsafe?

Which of the following apply to where you live?

☐ A light bulb in a stairway or elsewhere inside or outside your home has burned out
☐ A shower or tub doesn't have non-slip mats or pads
☐ A stairway doesn't have handrails on both sides
☐ A stairway doesn't have lights at the top and bottom
☐ A stairway handrail is loose or broken
☐ A stairway step is broken or uneven
☐ It is hard for you to get in and out of the tub or up from the toilet
☐ Papers, shoes, books, or other objects are on a stairway
☐ Papers, shoes, books, towels, magazines, boxes, blankets, or other objects are on the floor
☐ Something you use often in the kitchen or elsewhere is on a shelf or in a cabinet beyond your reach
☐ The carpet on a stairway is loose or torn
☐ The light near the bed is hard to reach
☐ The path from your bed to the bathroom is dark
☐ There is a loose throw rug on the floor
☐ There is only one light switch for a stairway (only at the top or at the bottom of the stairway)
☐ You have to walk around furniture when you walk through a room
☐ You have to walk over or around wires from a lamp, telephone, or extension cord
☐ Your step stool is unsteady or you don't have a step stool
☐ None of the above

Comments:
Any of the above indicates an unsafe situation in your home. This puts you at a higher risk for a fall or other accident.

Fix the problems now before a tragedy occurs. Also, continue to be vigilant for possible dangerous situations in and around your home and places you visit.

Other safety tips:

a. Avoid going barefoot or wearing slippers
b. Exercise regularly
c. Get up slowly after you sit or lie down
d. Have your doctor or pharmacist check if your medicines are making you sleepy or dizzy
e. Have your vision checked at least yearly
f. Keep emergency numbers in large print near each phone
g. Put a phone near the floor
h. Think about wearing a personal emergency response device

Reference:
Adapted from Check for Safety: A Home Fall Prevention Checklist for Older Adults by the CDC
http://www.cdc.gov/ncipc/pub-res/toolkit/CheckListForSafety.htm
Significant Events - What Major Events Have You Experienced Recently?

Which of the following significant events have you experienced in the past year?

- Car accident
- Death of a close friend
- Death of my spouse
- Death of another close relative
- Death of a pet
- Diagnosed with cancer
- Elective surgery
- Emergency surgery
- Emergency room visit
- Fall
- Heart attack
- Hip fracture
- Hospital stay
- Moved to a new home
- Started having memory problems
- Started on a new medication
- Started using a cane, walker or wheelchair
- Stopped driving
- Stroke
- None of the above

Comments:
Any of the above can be very traumatic, either physically or emotionally. Discuss how these events have affected you with your doctor.
## Sleep – Do You Have Sleep Apnea?

Which of the following apply to you?

- [ ] After dozing off, sometimes wake up with a "snort"
- [ ] Don't feel rested or refreshed even after a long sleep
- [ ] Feel like I'm getting old too fast
- [ ] Feel paralyzed and panicky when you cannot wake up from a nightmare
- [ ] Feel sleepy and struggle to stay alert, especially during afternoon meetings
- [ ] Feel tired much of the time
- [ ] Frequently doze off at religious services
- [ ] Frequently fall asleep while watching TV
- [ ] Frequently feel depressed
- [ ] Frequently feel sleepy during the day
- [ ] Frequently get heartburn in the middle of the night
- [ ] Frequently have a morning headache
- [ ] Frequently wake with a bad taste in your mouth, or a dry mouth or throat
- [ ] Friends and family say I'm sometimes grumpy and irritable
- [ ] Go to the bathroom more than once after going to sleep
- [ ] Have been told I hold my breath or stop breathing while asleep
- [ ] Have been told I snore
- [ ] Have difficulty concentrating
- [ ] Have fallen asleep at a stop light or stop sign while driving
- [ ] Have fallen asleep while driving
- [ ] Have high blood pressure
- [ ] Have short-term memory problems
- [ ] My neck measures over 17 inches (males) or over 16 inches (females)
- [ ] My sex drive or ability to have sex is diminished
- [ ] My weight is 15 pounds more than it should be
- [ ] Sometimes perspire a lot, especially at night
- [ ] Sometimes wake up with a pounding or irregular heartbeat
- [ ] Toss and turn a lot while asleep
- [ ] Wake up suddenly gasping for breath
- [ ] Wish I had more energy and less fatigue
- [ ] None of the above

**Comments:**

Five yes answers or more indicate that you may have obstructive sleep apnea (OSA). OSA can lead to a heart attack, stroke, impotence, irregular heartbeat, high blood pressure and heart disease. Treatment is available that doesn't involve surgery or drugs. Sleep tests are simple and painless, and are covered by most insurance policies. According to the National Commission on Sleep Disorders Research (NCSDR), sleep apnea is a life-threatening condition which kills over 38,000 each year.

Talk to your primary care doctor about an evaluation by a sleep specialist (usually a neurologist or pulmonologist) to confirm whether you have sleep apnea and what can be done about it. General info for patients on sleep problems from the NCSDR at [http://www.nhlbi.nih.gov/health/public/sleep/index.htm](http://www.nhlbi.nih.gov/health/public/sleep/index.htm)
Symptoms - What Troublesome Symptoms Are You Experiencing?

Which of the following do you experience at least once a week?

- Anxiety or nervousness
- Blood in stool
- Blood in urine
- Blurry vision
- Chest pain, chest pressure or chest tightness
- Confusion
- Constipation
- Cough or congestion
- Decreased vision
- Depression or sadness
- Diarrhea
- Dizziness or vertigo
- Dry mouth
- Falls or other accidents
- Headache
- Hearing problems
- Impotence or low sexual desire
- Insomnia or poor sleep
- Itching
- Joint aches or pains
- Leg swelling or edema
- Memory problems
- Mouth pain or discomfort
- Muscle aches or pains
- Nausea or indigestion
- Palpitations or irregular heartbeat
- Poor appetite
- Shakiness or tremors
- Shortness of breath or wheezing
- Skin rash
- Stiffness or rigidity
- Stool incontinence
- Tiredness or fatigue
- Unsteadiness or poor balance
- Urination difficulty
- Urine incontinence
- None of the above

Comments:
Make sure you discuss any troublesome symptoms with your primary care doctor, especially if they are new.
Urine Function - Do Urination Problems Keep You from Doing What You Want or Embarrass You?

Which of the following have you experienced recently?

☐ Access to a bathroom determined where or if I traveled, went shopping, or socialized
☐ Burning or pain when urinating
☐ Constipation
☐ Pink or bloody urine
☐ Rushing to the nearest restroom because of a sudden urge to urinate
☐ Urinary problem since starting a new medication
☐ Urinating 2 or more times during the night
☐ Urinating more than 8 times in a 24-hour period
☐ Urine leakage when coughing, sneezing, or bending over
☐ Wetting accident because of not being able to get to the bathroom in time

Comments:
Any of the above may indicate a problem with urination. You could have a urinary infection, overactive bladder, medication side effect, bladder cancer, enlarged prostate or prostate cancer (men), or estrogen deficiency (women).

You should talk to your primary doctor about these symptoms or see an urologist.

References:
Overactive Bladder Self-Assessment Survey
http://www.enablex.com/info/enablex_right/overactive-bladder-symptoms-survey.jsp

American Urological Association (AUA) BPH Symptom Score Index
http://godot.urol.uic.edu/~web/ASIS.html
Vision - Is Your Eyesight Failing?

Which of the following problems do you experience because of your vision?

☐ Difficulty cooking, sewing, or doing things around the house because you can’t see up close
☐ Difficulty reading
☐ Difficulty reading street signs or the names of stores
☐ Lights seem dimmer than they used to
☐ Trouble picking out and matching the color of your clothes
☐ Trouble recognizing faces of friends and relatives
☐ Trouble seeing at night
☐ Trouble seeing things on TV

Comments:

Any of the above could indicate you have a vision problem.

Talk to your primary care doctor, ophthalmologist, or optometrist about your symptoms as soon as possible.

Remember to get screened at least annually for the development of glaucoma, macular degeneration, cataracts, diabetic eye changes or hypertensive eye changes. Also, be sure to get regular follow up for eye conditions you are currently being treated for.