Hello.

There are some questions I need to ask to help plan care for you or your family member.

Language

Hello.
There are some questions I need to ask to help plan care for you or your family member.

I have each question written for you. We will give you answer choices for most questions. Please point to the answer or write an answer so we can start to plan your care. If you are not sure about a question or how to answer the question, please point to “Not sure” on the sheet.

Language

I have each question written for you. We will give you answer choices for most questions. Please point to the answer or write an answer so we can start to plan your care. If you are not sure about a question or how to answer the question, please point to “Not sure” on the sheet.

Can you tell me your name?

No Not sure Yes

Can you tell me your name?
No Not sure Yes

Can you write your name on this paper for me?

No Not sure Yes

Can you write your name on this paper for me?
No Not sure Yes

Did you come here alone?

No Not sure Yes

Language

Did you come here alone?
No Not sure Yes

Do you have other family member or friends with you?

No Not sure Yes

Language

Do you have other family member or friends with you?
No Not sure Yes

If yes, can you tell me or write their names and ages?

No Not sure Yes

If yes, can you tell me or write their names and ages?
No Not sure Yes

Are you the person that needs help with care?

No Not sure Yes

Language

Are you the person that needs help with care?
No Not sure Yes

If not, please write their name.

- ❑ Not sure

Language

If not, please write their name.
 Not sure

How are you related to this person?

- ❑ Parent
- ❑ Guardian
- ❑ Spouse
- ❑ Child
- ❑ Brother or sister
- ❑ Partner
- ❑ Other family member
- ❑ Friend or neighbor
- ❑ No relationship

Language

How are you related to this person?

- ❑ Parent
- ❑ Guardian
- ❑ Spouse
- ❑ Child
- ❑ Brother or Sister
- ❑ Partner
- ❑ Other family member
- ❑ Friend or Neighbor
- ❑ No relationship

The next questions are about the person who needs care. If you are giving answers for that person, please be sure the answers are about that person.

For example, if you are answering for your child and the question is “age”, you would give the age of your child needing care, not your age.

Language

The next questions are about the person who needs care. If you are giving answers for that person, please be sure the answers are about that person.
For example, if you are answering for your child and the question is “age”, you would give the age of your child needing care, not your age.

Age

Please tell me or write the number.

❑ Not sure

Age
Please tell me or write the number.
❑ Not sure

Address

Please tell me or show me something with the address, or write the address.

❑ Not sure

Language

Address
Please tell me or show me something with the address, or write the address.
❑ Not sure

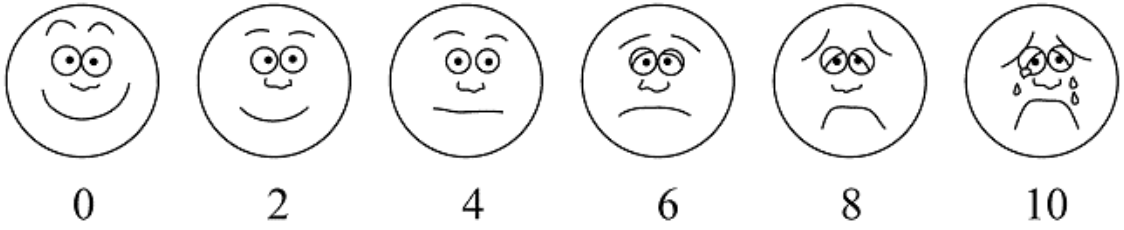
Do you have a medical or health concern right now?

No Not sure Yes

Language

Do you have a medical or health concern right now?
No Not sure Yes

How are you feeling physically?

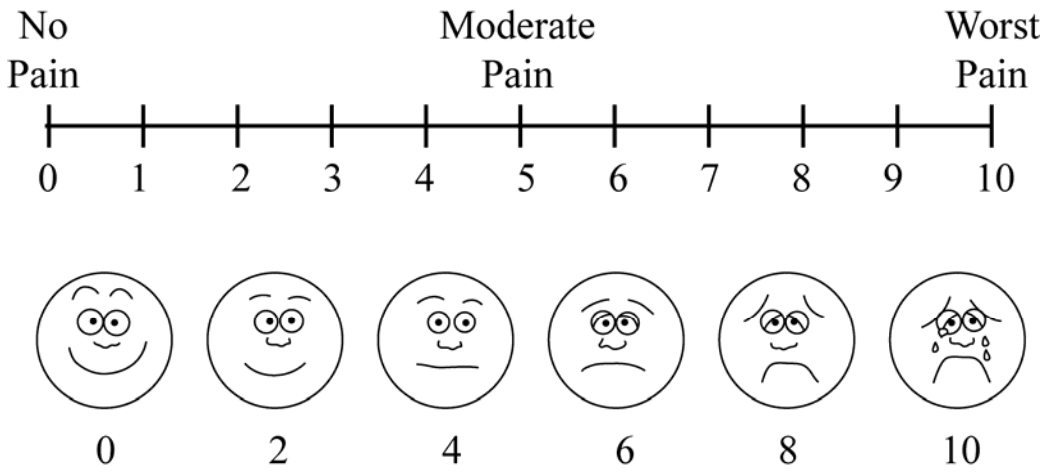


❑ **Not Sure**

Language

How are you feeling physically?
Fine Very ill
Not Sure

How much pain are you in right now?



❑ Not Sure

Language

How much pain are you in right now?
No Pain Moderate Pain Worst Pain
❑ Not Sure

Can you point to the part of the body where you have pain?

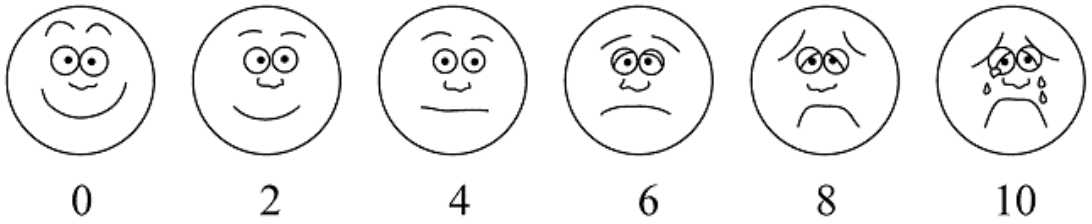
No Not sure Yes

If yes, please show me.

Language

Can you point to the part of the body where you have pain?
No Not sure Yes
If yes, please show me.

Some people have mental distress such as sadness, confusion or anger. How much mental distress do you have right now?



❑ Not Sure

Language

Some people have mental distress such as sadness, confusion or anger. How much mental distress do you have right now?
None Very much
❑ Not Sure

Are you in danger of hurting yourself or someone else right now?

No Not sure Yes

Language

Are you in danger of hurting yourself or someone else right now?
No Not sure Yes

Do you need any medicine, equipment or other items for daily living?

No Not sure Yes

Language

Do you need any medicine, equipment or other items for daily living?
No Not sure Yes

Do you need a caregiver or do you have a personal assistant?

No Not sure Yes

Language

Do you need a caregiver or do you have a personal assistant?
No Not sure Yes

Is your caregiver here and planning to stay with you?

No Not sure Yes

Language

Is your caregiver here and planning to stay with you?
No Not sure Yes

Your caregiver's name:

Please tell me or write the name.

❑ Not Sure

Your caregiver's name:
Please tell me or write the name.
❑ Not Sure

Do you have a service animal?

No Not sure Yes

Do you have a service animal?
No Not sure Yes

Is the service animal with you?

No Not sure Yes

Language

Is the service animal with you?
No Not sure Yes

If no, do you know where the animal is?

No Not sure Yes

If no, do you know where the animal is?
No Not sure Yes

Are you receiving any Medicare or Medicaid benefits?

No Not sure Yes

Language

Are you receiving any Medicare or Medicaid benefits?
No Not sure Yes

Do you have your card with you?

No Not sure Yes

Language

Do you have your card with you?
No Not sure Yes

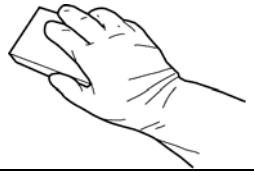
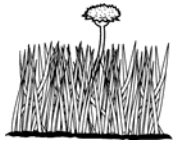
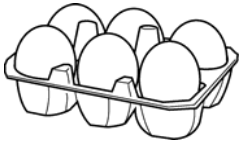
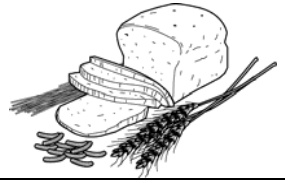
Do you have any allergies to foods, medicine or things around you?

No Not sure Yes

Language

Do you have any allergies to foods, medicine or things around you?
No Not sure Yes

Tell me what you are allergic to from this list.

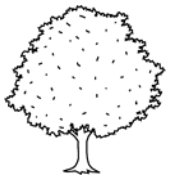
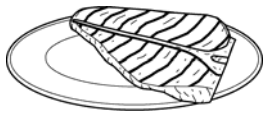
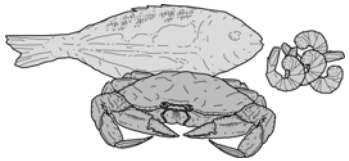
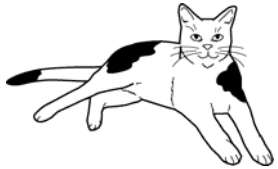
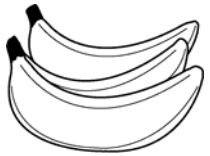
❑ Mold	❑ Nuts or peanut butter 
❑ Latex 	❑ Milk 
❑ Grass 	❑ Eggs 
❑ Tape 	❑ Wheat or gluten 

Language

Tell me what you are allergic to from this list.

- ❑ Mold
- ❑ Latex
- ❑ Grass
- ❑ Tape
- ❑ Nuts or peanut butter
- ❑ Milk
- ❑ Eggs
- ❑ Wheat or gluten

Tell me what you are allergic to from this list.

❑ Tree pollen 	❑ Beef 
❑ Dust 	❑ Fish or shellfish 
❑ Animal hair 	❑ Mushrooms 
❑ Bananas 	❑ Other things not on this list ❑ Not sure

Language

Tell me what you are allergic to from this list.

- ❑ Tree pollen
- ❑ Dust
- ❑ Animal hair
- ❑ Bananas
- ❑ Beef
- ❑ Fish or shellfish
- ❑ Mushrooms
- ❑ Other things not on this list
- ❑ Not sure

If medicine, what type?

- ❑ Penicillin
- ❑ Sulfa
- ❑ Aspirin
- ❑ Iodine
- ❑ Others not on this list
- ❑ Not sure

Language

If medicine, what type?
- ❑ Penicillin
- ❑ Sulfa
- ❑ Aspirin
- ❑ Iodine
- ❑ Others not on this list
- ❑ Not Sure

Do you have or wear any kind of medical identification?

No Not sure Yes

If yes, please show me.

Language

Do you have or wear any kind of medical identification?
No Not sure Yes
If yes, please show me.

Have you been in the hospital or at a clinic or under the care of a doctor in the past month?

No Not sure Yes

Language

Have you been in the hospital or at a clinic or under the care of a doctor in the past month?
No Not sure Yes

If yes, what for?

- ❑ Check up
- ❑ To get medicine
- ❑ For tests
- ❑ For heart problems
- ❑ For pain
- ❑ For stomach problems
- ❑ For surgery
- ❑ For high blood pressure
- ❑ Other reason
- ❑ Not sure

Language

If yes, what for?

- ❑ Check up
- ❑ To get medicine
- ❑ For tests
- ❑ For heart problems
- ❑ For pain
- ❑ For stomach problems
- ❑ For surgery
- ❑ For high blood pressure
- ❑ Other reason
- ❑ Not Sure

Can you tell me which hospital or clinic?

- ❑ Riverside Methodist Hospital
- ❑ Grant Medical Center
- ❑ Doctors Hospital
- ❑ Grady Memorial Hospital
- ❑ Dublin Methodist Hospital
- ❑ Mount Carmel East
- ❑ Mount Carmel West

Language

Can you tell me which hospital or clinic?
- ❑ Riverside Methodist Hospital
- ❑ Grant Medical Center
- ❑ Doctors Hospital
- ❑ Grady Memorial Hospital
- ❑ Dublin Methodist Hospital
- ❑ Mount Carmel East
- ❑ Mount Carmel West

Can you tell me which hospital or clinic?

- ❑ Mount Carmel St. Ann's
- ❑ Mount Carmel New Albany Surgical Hospital
- ❑ Ohio State University Hospital
- ❑ Ohio State University Hospital East
- ❑ Ohio State's James Cancer Hospital and Solove Research Institute
- ❑ Ohio State's Richard M. Ross Heart Hospital

Language

Can you tell me which hospital or clinic?
- ❑ Mount Carmel St. Ann's
- ❑ Mount Carmel New Albany Surgical Hospital
- ❑ Ohio State University Hospital
- ❑ Ohio State University Hospital East
- ❑ Ohio State's James Cancer Hospital and Solove Research Institute
- ❑ Ohio State's Richard M. Ross Heart Hospital

Can you tell me which hospital or clinic?

- ❑ Ohio State's Harding Hospital
- ❑ Ohio State University Prime Care Network
- ❑ Nationwide Children's Hospital
- ❑ Neighborhood health center
- ❑ Other clinic or hospital
- ❑ Not sure

Language

Can you tell me which hospital or clinic?
- ❑ Ohio State's Harding Hospital
- ❑ Ohio State University Prime Care Network
- ❑ Nationwide Children's Hospital
- ❑ Neighborhood health center
- ❑ Other clinic or hospital
- ❑ Not sure

Can you tell me the name of the doctor?

Please tell me the name, show me the name from a card, or write the name.

❑ Not Sure

Language

Can you tell me the name of the doctor?
Please tell me the name, show me the name from a card, or write the name.
❑ Not sure

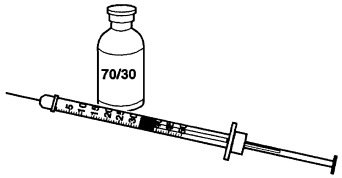
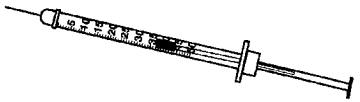
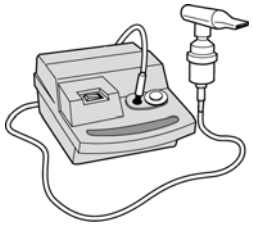
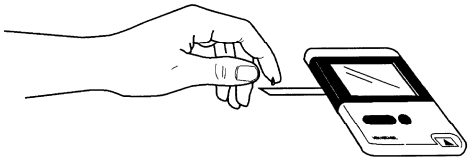
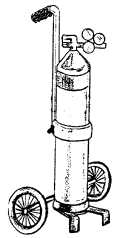
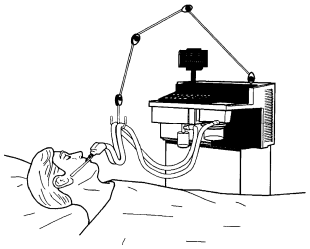
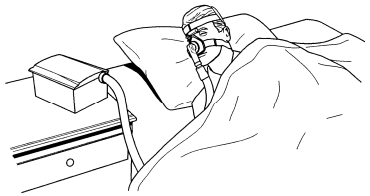
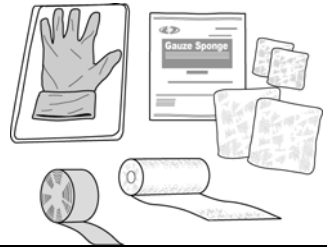
Do you have a condition that requires any special medical equipment or supplies?

No Not sure Yes

Language

Do you have a condition that requires any special medical equipment or supplies?
No Not sure Yes

If yes, can you tell me what you use?

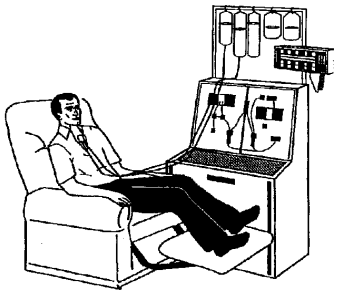
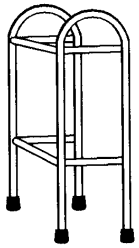
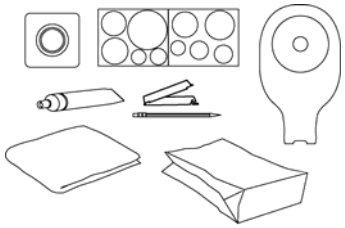
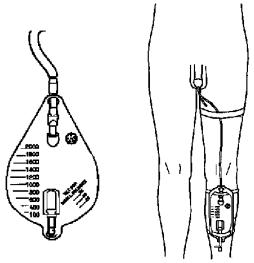
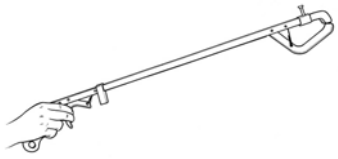
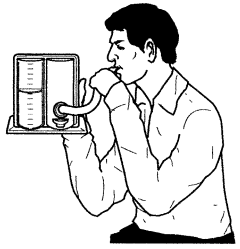
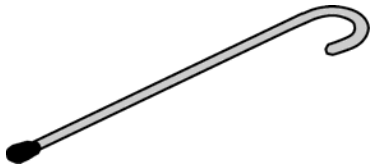
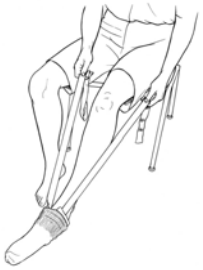
❑ Epinephrine pen for allergy 	❑ Insulin 	❑ Syringes 
❑ Nebulizer 	❑ Glucose meter 	❑ Oxygen 
❑ Respirator 	❑ CPAP 	❑ Dressings 

Language

If yes, can you tell me what you use?

- ❑ Epinephrine pen for allergy
- ❑ Nebulizer
- ❑ Respirator
- ❑ Insulin
- ❑ Glucose meter
- ❑ CPAP
- ❑ Syringes
- ❑ Oxygen
- ❑ Dressings

If yes, can you tell me what you use?

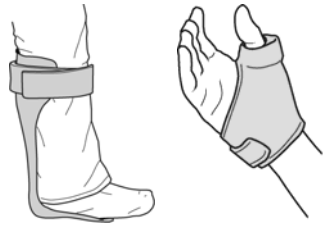
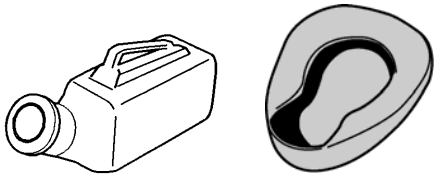
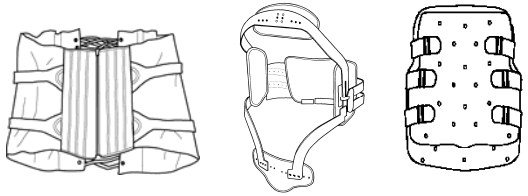
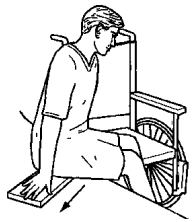
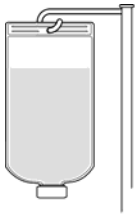
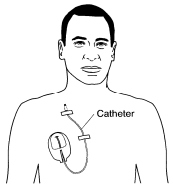
❑ Dialysis 	❑ Walker 	❑ Ostomy supplies 
❑ Tube feedings 	❑ Foley catheter 	❑ Reacher 
❑ Incentive spirometer 	❑ Cane 	❑ Sock aid 

Language

If yes, can you tell me what you use?

- ❑ Dialysis
- ❑ Tube feedings
- ❑ Incentive spirometer
- ❑ Walker
- ❑ Foley catheter
- ❑ Cane
- ❑ Ostomy supplies
- ❑ Reacher
- ❑ Sock aid

If yes, can you tell me what you use?

❑ Splint 	❑ Urinal or bed pan 	❑ Brace 
❑ Wheelchair 	❑ Transfer board 	❑ Raised toilet seat 
❑ Parenteral nutrition 	❑ Port or catheter for medicines 	❑ Other supplies not on this list ❑ Not sure

Language

If yes, can you tell me what you use?

- ❑ Splint
- ❑ Wheelchair
- ❑ Parenteral nutrition
- ❑ Urinal or bed pan
- ❑ Transfer board
- ❑ Port or catheter for medicines
- ❑ Brace
- ❑ Raised toilet seat
- ❑ Other supplies not on this list
- ❑ Not sure

Did you bring any of these supplies with you?

No Not sure Yes

Language

Did you bring any of these supplies with you?
No Not sure Yes

Do you take any medicines every day?

No Not sure Yes

Language

Do you take any medicines every day?
No Not sure Yes

Do you have your medicine with you?

No Not sure Yes

Language

Do you have your medicine with you?
No Not sure Yes

When did you last take this medicine?

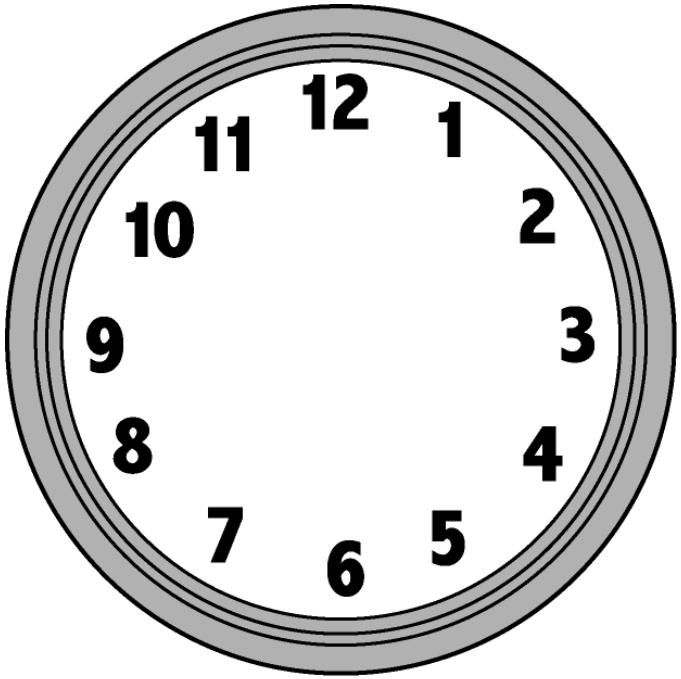
- ❑ Today
- ❑ Yesterday
- ❑ More than 2 days ago
- ❑ More than a week ago
- ❑ Not sure

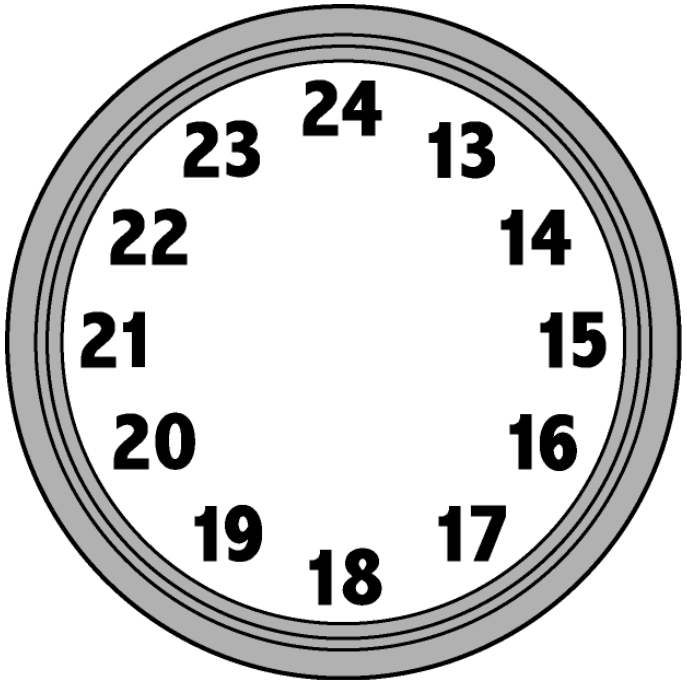
Language

When did you last take this medicine?

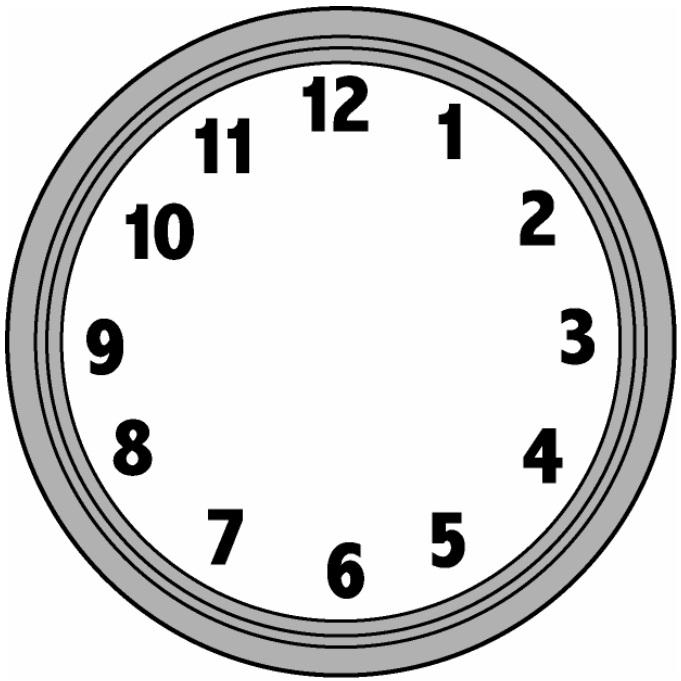
- ❑ Today
- ❑ Yesterday
- ❑ More than 2 days ago
- ❑ More than a week ago
- ❑ Not Sure

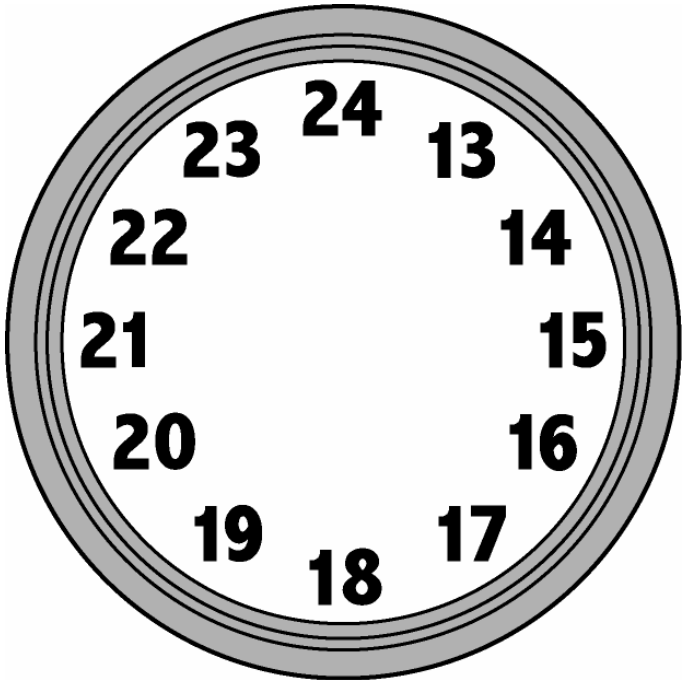
What time did you take it?





When should you take your medicine again?





When should you take your medicine again?

Do you know the name of the place where you get your medicines (such as a drug store, pharmacy, grocery store or clinic)?

No Not sure Yes

Language

Do you know the name of the place where you get your medicines (such as a drug store, pharmacy, grocery store or clinic)?
No Not sure Yes

Do you know the names of the medicines you take?

No Not sure Yes

Language

Do you know the names of the medicines you take?
No Not sure Yes

Do you know what you take medicine for?

- ❑ Heart problems
- ❑ High blood pressure
- ❑ Diabetes
- ❑ Kidney problems
- ❑ Liver problems
- ❑ To thin my blood
- ❑ To lower cholesterol
- ❑ To control my stress
- ❑ To help me sleep
- ❑ Cancer

Language

Do you know what you take medicine for?
- ❑ Heart problems
- ❑ High blood pressure
- ❑ Diabetes
- ❑ Kidney problems
- ❑ Liver problems
- ❑ To thin my blood
- ❑ To lower cholesterol
- ❑ To control my stress
- ❑ To help me sleep
- ❑ Cancer

Do you know what you take medicine for?

- ❑ Pain control
- ❑ Arthritis
- ❑ To help my circulation
- ❑ Allergies
- ❑ To treat an infection
- ❑ HIV or AIDS
- ❑ Anemia
- ❑ Eye problems
- ❑ Breathing problems
- ❑ Skin problems

Language

Do you know what you take medicine for?
- ❑ Pain control
- ❑ Arthritis
- ❑ To help my circulation
- ❑ Allergies
- ❑ To treat an infection
- ❑ HIV or AIDS
- ❑ Anemia
- ❑ Eye problems
- ❑ Breathing problems
- ❑ Skin problems

Do you know what you take medicine for?

- ❑ To help my memory
- ❑ Thyroid problems
- ❑ To help me get rid of fluid
- ❑ Tuberculosis
- ❑ Malaria
- ❑ Muscle spasms
- ❑ Other reasons not on this list
- ❑ Not sure

Language

Do you know what you take medicine for?

- ❑ To help my memory
- ❑ Thyroid problems
- ❑ To help me get rid of fluid
- ❑ Tuberculosis
- ❑ Malaria
- ❑ Muscle spasms
- ❑ Other reasons not on this list
- ❑ Not sure

Do you have any problems with your hearing?

No Not sure Yes

Language

Do you have any problems with your hearing?
No Not sure Yes

Do you use a hearing aid?

No Not sure Yes

Language

Do you use a hearing aid?
No Not sure Yes

Do you have your hearing aid with you?

No Not sure Yes

Language

Do you have your hearing aid with you?
No Not sure Yes

Is your hearing aid working?

No Not sure Yes

Language

Is your hearing aid working?
No Not sure Yes

Do you need a battery?

No Not sure Yes

Do you need a battery?
No Not sure Yes

Do you need a sign language interpreter?

No Not sure Yes

Do you need a sign language interpreter?
No Not sure Yes

How do you best communicate with others?

- ❑ Sign language
- ❑ Lip read
- ❑ Use a TTY
- ❑ Write notes
- ❑ Use communication board
- ❑ Not sure

Language

How do you best communicate with others?

- ❑ Sign language
- ❑ Lip read
- ❑ Use a TTY
- ❑ Write notes
- ❑ Use communication board
- ❑ Not Sure

Do you wear prescription eye glasses?

No Not sure Yes

Language

Do you wear prescription eye glasses?
No Not sure Yes

Do you have your glasses with you or with your belongings?

No Not sure Yes

Language

Do you have your glasses with you or with your belongings?
No Not sure Yes

Do you have problems seeing, even with your glasses?

No Not sure Yes

Language

Do you have problems seeing, even with your glasses?
No Not sure Yes

Do you use a white cane?

No Not sure Yes

Language

Do you use a white cane?
No Not sure Yes

Do you have your white cane with you?

No Not sure Yes

Language

Do you have your white cane with you?
No Not sure Yes

Do you need help getting around, even with your white cane?

No Not sure Yes

Language

Do you need help getting around, even with your white cane?
No Not sure Yes

Do you need help moving around?

No Not sure Yes

Language

Do you need help moving around?
No Not sure Yes

Do you need help getting in or out of bed?

No Not sure Yes

Language

Do you need help getting in or out of bed?
No Not sure Yes

Do you need help getting dressed?

No Not sure Yes

Language

Do you need help getting dressed?
No Not sure Yes

Do you need help using the bathroom?

No Not sure Yes

Language

Do you need help using the bathroom?
No Not sure Yes

Do you need help bathing?

No Not sure Yes

Do you need help bathing?
No Not sure Yes

Do you need help eating?

No Not sure Yes

Do you need help eating?
No Not sure Yes

Do you need help cutting up your food?

No Not sure Yes

Language

Do you need help cutting up your food?
No Not sure Yes

Do you have a family member, friend or caregiver with you to help you with these activities?

No Not sure Yes

Language

Do you have a family member, friend or caregiver with you to help you with these activities?
No Not sure Yes

Do you have false teeth or dentures?

No Not sure Yes

Language

Do you have false teeth or dentures?
No Not sure Yes

Do you have your false teeth with you?

No Not sure Yes

Language

Do you have your false teeth with you?
No Not sure Yes

Are you on any special diet?

No Not sure Yes

Language

Are you on any special diet?
No Not sure Yes

What type of special diet?

- ❑ Diabetes
- ❑ Low salt
- ❑ Renal diet
- ❑ Gluten free diet
- ❑ Vegetarian
- ❑ Kosher

Language

What type of special diet?
- ❑ Diabetes
- ❑ Low salt
- ❑ Renal diet
- ❑ Gluten free diet
- ❑ Vegetarian
- ❑ Kosher

What type of special diet?

- ❑ Soft foods
- ❑ Diet for problems with swallowing
- ❑ Diet to protect me from infection
- ❑ Other type not on this list
- ❑ Not sure

Language

What type of special diet?

- ❑ Soft foods
- ❑ Diet for problems with swallowing
- ❑ Diet to protect me from infection
- ❑ Other type not on this list
- ❑ Not sure

Telephone number where you can be reached?

Another telephone number, if you have one.

Another telephone number, if you have one.

Email address, if you have one.

Date of birth