

Eskenazi Health Center: Screening Questions

Instructions: Please circle Yes or No for each question below

Feedback from Consumer Advisory Board

1) [Insert time reference], have you fallen (or nearly fallen)?

[time reference: "Since your last appointment" or "Since we last saw you"]

Yes No

2) [Insert time reference] Do you have any difficulties with walking or balance?

[time reference: "Since your last appointment" or "Since we last saw you"]

Yes No

3) During the past month, have you been bothered by feeling down, depressed, or hopeless?

Yes No

4) During the past month, have you often been bothered by little interest or pleasure in doing things?

Yes No

5) During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

Yes No

6) Have you noticed any change in your memory or ability to complete routine tasks, such as paying bills or preparing a meal?

Yes No

Participants on the Consumer Advisory Board would prefer these questions to be asked directly to them by the staff, instead of filling the form.