AQUACARE FITNESS FORUM PHYSICAL THERAPY	CLINICAL MIPS SURVEYS

MIPS-SURVEYS

PHQ-2 (Age 12 and older)

Over the past 2 weeks, how often have you been bothered by any of the following problems? (circle one)	Not at All	Several Days	More than half the Days	Nearly Every Day
A. Little interest or pleasure in doing things	0	1	2	3
B. Feeling down, depressed or hopeless	0	1	2	3

AHC HRSN Screening Tool (age 18 and older)

Living situation

1. What is your living situation today?
   - ☐ I have a steady place to live
   - ☐ I have a place to live today, but I am worried about losing it in the future
   - ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following? Choose all that apply.
   - ☐ Pests such as bugs, ants, or mice
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Lack of heat
   - ☐ Oven or stove not working
   - ☐ Smoke detectors missing or not working
   - ☐ Water leaks
   - ☐ None of the above

Food

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more .
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

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Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
   - ☐ Yes
   - ☐ No

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
   - ☐ Yes
   - ☐ No
   - ☐ Already shut off

Safety

7. How often does anyone, including family and friends, physically hurt you?
   - ☐ Never (1)
   - ☐ Rarely (2)
   - ☐ Sometimes (3)
   - ☐ Fairly often (4)
   - ☐ Frequently (5)

8. How often does anyone, including family and friends, insult or talk down to you?
   - ☐ Never (1)
   - ☐ Rarely (2)
   - ☐ Sometimes (3)
   - ☐ Fairly often (4)
   - ☐ Frequently (5)

9. How often does anyone, including family and friends, threaten you with harm?
   - ☐ Never (1)
   - ☐ Rarely (2)
   - ☐ Sometimes (3)
   - ☐ Fairly often (4)
   - ☐ Frequently (5)

10. How often does anyone, including family and friends, scream or curse at you?
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

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Elder Abuse Suspicion Index (EASI) (Age 60 and older)

Q.1 - Q.5 asked of patient; Q.6 answered by doctor

Within the last 12 months:

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	**YES**	**NO**	**DID NOT ANSWER**
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	**YES**	**NO**	**DID NOT ANSWER**
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	**YES**	**NO**	**DID NOT ANSWER**
4) Has anyone tried to force you to sign papers or to use your money against your will?	**YES**	**NO**	**DID NOT ANSWER**
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	**YES**	**NO**	**DID NOT ANSWER**
6) Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	**YES**	**NO**	**NOT SURE**