Chapter 8 Appendices

Appendix 1 .......................................................... 249
Appendix 2 .......................................................... 250
Appendix 3 .......................................................... 251
Appendix 4 .......................................................... 252
Appendix 5 .......................................................... 253
Appendix 6 .......................................................... 254
Appendix 7 .......................................................... 255
Appendix 8 .......................................................... 256
Appendix 9 .......................................................... 257
Appendix 10 ....................................................... 258
Appendix 11 ....................................................... 260
Appendix 12 ....................................................... 262
Appendix 13 ....................................................... 263
Appendix 14 ....................................................... 264
Appendix 15 ....................................................... 265
Appendix 16 ....................................................... 266
Appendix 17 ....................................................... 267
Appendix 18 ....................................................... 268
Appendix 19 ....................................................... 269
Appendix 20 ....................................................... 270
Appendix 21 ....................................................... 271
Appendix 22 ....................................................... 272
Appendix 23 ....................................................... 274
Appendix 1

Dr. Jonathan Newbury,
Sister Wendy Newbury,
21 Somerset Drive,
Yarrawonga 3730.

LETTER OF INVITATION

YARRAWONGA HOME ASSESSMENT of the ELDERLY PILOT STUDY.

Dear

We would like to offer you a "Health Check Up" in your home. This service is being offered to residents of Yarrawonga and Mulwala who are aged 75 or older and who are living independently in their own homes.

This health check would be provided by a nursing sister who has been trained to assess the health needs of the 75 years and over population. This type of care is commonly provided overseas but has not been a routine in Australia. Overseas it has been found to be very useful in improving the health of this age group and so we have decided to try it in Yarrawonga and Mulwala.

Sister Newbury would like to visit you in your home to carry out this health check. You may like to have a friend or family member with you for the visit. Sister will want to ask you questions about your health and how you cope with everyday problems, she would like to see around your home to see if there are any dangers you may not have recognised or any improvements that could make you more independent.

This visit will not cost you anything. The Commonwealth Government, Department of Human Services and Health has provided money to run this trial entitled Yarrawonga Home Assessment of the Elderly Pilot Study. Your own general practitioner will receive a report straight after our visit about any problems discovered or any other services that you could usefully receive. This information will not be revealed to anyone else unless you specifically request that someone be informed about a particular problem.

This trial of home visiting the 75 and over population will be used to plan services for your age group in the future. We will be collecting information about how many problems we discover and particularly whether they can easily be resolved perhaps by services that are already in existence. Information from your own visit will not be revealed in any reports of this trial, only collective data obtained from all the visits together. If you do not wish to be involved then that will make no difference to provision of health services to you through the usual resources.

We hope you will be involved in this interesting new initiative for provision of health care for people aged 75 or older.

Yours Sincerely,

Dr. Jonathan Newbury.
Appendix 2

Yarrawonga Home Assessment of the Elderly Pilot Study.

INFORMATION SHEET.

In other countries around the world part of the care of people aged 75 and over is provided by visiting them in their homes. These visits are usually done by a nurse as a regular check-up, not because a particular problem has arisen. This system of caring for the elderly doesn't happen in Australia and hasn't even been tried here. In Yarrawonga and Mulwala we will be trying this system over the next few months.

When the nurse visits your home she will spend some time talking to you about your health and how you manage about the house, and she would like to see around your home. Nothing that she is told or sees will be revealed to anyone other than your own doctor. If you like someone in your family or a friend can be with you when the nurse visits. Home visiting by a nurse will be different to the service provided by the District Nurses who will still be available for the treatment of any problems. Your own General Practitioner will be told of any problems that have been recognised by the nurse's assessment, and you will be encouraged to see your own doctor for help with any problems.

The Commonwealth Department of Human Services and Health has provided money for this service and it will not cost you anything to have a visit by our nurse. We are trying to find out how useful it would be to provide this service throughout Australia. If you would like to tell the nurse what you think of this visit then your comments will be very helpful for our plans.

Dr. Jonathan Newbury 441777 (BH)
Sister Wendy Newbury 441811 (anytime).
Appendix 3

YARRAWONGA HOME ASSESSMENT of the ELDERLY PILOT STUDY

CONSENT FORM

1. I, ________________________________, consent to take part in the research project entitled: Yarrawonga Home Assessment of the Elderly Pilot Study.

2. I have read the Yarrawonga Home Assessment of the Elderly Pilot Study Information Sheet.

3. I have had the project fully explained by the research nurse. My consent is given freely.

4. I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.

5. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

6. Confidentiality. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

7. I understand that I am free to stop the Home Assessment interview at any time and that this will not affect medical advice in the management of my health, now or in the future.

8. I am aware that I should retain a copy of this Consent Form and the Information Sheet.

SIGNED.......................................DATE...........

NAME OF WITNESS..................................SIGNED............

I....................... have described to ................ the nature of the procedures to be carried out. In my opinion she/he understood the explanation.

SIGNED.....................................DATE............

STATUS IN PROJECT : Research Nurse.
Appendix 4

75+ HEALTH ASSESSMENT

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>GIVEN NAMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH</td>
<td>AGE</td>
</tr>
<tr>
<td>SEX</td>
<td>M F</td>
</tr>
<tr>
<td>MARITAL STATUS</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS

POSTCODE

HOME TELEPHONE NO

Date visited:

GP:
### Appendix 5

**HEARING**  
What is your hearing like?  

<table>
<thead>
<tr>
<th>V.Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Deaf</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Do you have a functional hearing aide?  
  - yes  
  - no  

- Do you have any problems with it?  
  - yes  
  - no  

- Do you use it?  
  - yes  
  - no  

**VISION**  
What is your vision like?  

<table>
<thead>
<tr>
<th>V.good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Blind</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- List of Visual Aides.  
  - Reading glasses,  
  - Distance glasses,  
  - Bi-focals  
  - Contact lens  
  - Magnifying glass  
  - Other, specify:  
    - yes  
    - no  

- When were they prescribed?  
  - <2  
  - 3-5  
  - 6-10  
  - 11-20  
  - >21 years ago.  

- How long since your vision was last checked?  
  - months.  

- Do you have a visual defect?  
  - yes  
  - no  

- If yes specify.  
  - Diabetic retinopathy,  
  - Glaucoma,  
  - Cataract,  
  - Field defect,  
  - Macular degeneration,  
  - Other, specify:
Appendix 6

PHYSICAL CONDITION

How are you physically at the moment?  
Vgood  good  fair  poor  bad

Do you have any physical problems that you’ve not had an opportunity to discuss with your doctor?  
□ yes  □ no  if yes, specify:

Have you had any recent illnesses?  
□ yes  □ no
  if yes, specify:
  Operations?
    □ yes  □ no
    if yes, specify:
  Admissions to hospital?
    □ yes  □ no
    if yes, specify:
Do you have any chronic conditions?  
□ yes  □ no
  if yes, specify:
  □ Arthritis  □ Hypertension  □ Heart disease
  □ Emphysema  □ Asthma  □ Diabetes
□ other - specify:

When was your last doctor’s visit?

0-1  2-4  5-8  9-12  13-26  27-52  53+ weeks ago

□  □  □  □  □  □  □
Appendix 7

Compliance

Are you taking any regular medication? tablets? □ yes □ no

Have you had any difficulty taking your medications? □ yes □ no

if yes, specify:

Over the counter drugs / natural remedies / laxatives(list below.)

Do you have a Dosette (or Webster pack?) □ yes □ no

Do you manage your medications without assistance? □ yes □ no

Is your medication supervised by your carer? □ yes □ no

Has the medication upset you in any way?

if yes, specify:

Do you have any allergies?

if yes, specify drug and reaction:

□ yes □ no

List all non-prescription medication:
Appendix 8

**PRESCRIBED MEDICATION**

<table>
<thead>
<tr>
<th>Name Of Drug</th>
<th>Strength</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
</table>

Appendix 9

MISCELLANEOUS

When was your last tetanus injection?  
☐ 0-10 years  
☐ >10 years ago or never

Do you have dentures?  
☐ Yes  
☐ No
  
  if yes, do you have any problems  
☐ Yes  
☐ No
  
  if yes, specify:

Do you smoke?  
☐ Yes - daily amount  
☐ No

Did you ever smoke?  
☐ Yes - When did you stop?  
☐ no - never

Alcohol?  
☐ Yes - daily amount  
☐ no

Did you ever drink alcohol?  
☐ yes  
☐ no - never

Have you ever drunk heavily in the past?  
☐ Yes  
☐ No

Sleeping -- do you have trouble sleeping?

  no problem  
☐
  can't get to sleep  
☐
  wake middle of night  
☐
  wake early morning  
☐
  Why? -nocturia?  
☐ Yes  
☐ No
  
  if other, specify:

Does it worry you?  
☐ Yes  
☐ No

Can you get back to sleep?  
☐ Yes  
☐ No
Appendix 10

FOLSTEIN MINI-MENTAL EXAMINATION

ORIENTATION
1. What is the: Points
   Year _______ 1
   Season _______ 1
   Date _______ 1
   Day _______ 1
   Month _______ 1

2. Where are we? Points
   Country _______ 1
   State/Territory _______ 1
   Town/City _______ 1
   Suburb (Street no) _______ 1
   Address (Street name) _______ 1

REGISTRATION
3. Name three objects, taking one second to say each.
   Then ask the patient all three after you have said them. (TREE, CLOCK, BOAT). Give one point for each correct answer. Repeat
   the answers until the patient learns all three. _______3

ATTENTION AND CALCULATION
4. Serial sevens: Give one point for each correct answer. Stop after five
   answers.

OR if this is too hard

5. Spell WORLD backwards (One mark for each letter in correct order) _______5

RECALL
6. Ask for names of three objects learned in Q. 3. Give one point for each
   correct answer _______3

LANGUAGE
7. Point to a pencil and a watch. Have the patient name them as you point. _______2

8. Have the patient repeat "No ifs ands or buts" _______1

9. Have the patient read and obey the following: "Close your eyes". _______1

10. Have the patient copy the design printed over page. (Give one point if
    all sides and angles are preserved and if the intersecting sides form a
    diamond shape.) _______1

11. Have the patient write a sentence of his or her own choice. (The
    sentence should contain a subject and an object, and should make
    sense. Ignore spelling errors when scoring.) _______1

12. Have the patient follow a three-stage command: “Take a paper in your
    right hand. Fold the paper in half. Put the paper on the floor.”
    _______3

    _______30
CLOSE YOUR EYES
Appendix 11

BARTHEL ADL INDEX

1. Can you always feed yourself? (Similar question in Nutrition)  yes □ 10
   help/supervision □  5
   no □  0

2. Can you independently get in and out of a chair?  Can you independently get in and out of bed?
   Independent □  15
   Minimal help/safety reminder □  10
   Assisted □  5
   No □  0

3. Personal toilet: wash hands/face/do hair/teeth/shave/ and make-up.
   Independent □  5
   Assisted □  0

4. Toilet: Are you able to get to the toilet independently? (May use aids to assist)
   Yes □  10
   Do you need some assistance? due to imbalance, handling clothes, using toilet paper.
   □  5
   No □  0

5. Bathing: Can you bathe, or shower independently?
   yes □  5
   No □  0
6. Walking - level surface, with aids if needed:

Are you able to sit and stand, and walk 50 yards without help or supervision;  

<table>
<thead>
<tr>
<th>Independent</th>
<th>15</th>
</tr>
</thead>
</table>

Do you have any problems walking? yes/no  
Do you have any mobility aids? yes/no (stick frame other)  
Help or supervision, but can walk 50 yards with little help  
Propels own wheelchair independently  
No  

7. Ascending and descending stairs:

Are you able to go up and down stairs safely without supervision, using aids if needed.  
(Carrying aids as ascending or descending).  
Do you need help or supervision in the above?  
Unable  

8. Can you manage dressing yourself/?undressing yourself?  
Put on, remove, fasten all clothing and tie shoelaces? yes  
Do you need assistance, but do at least 1/2 yourself?  
Unable  

9. Continence - bowels: Do you have any trouble controlling your bowels? (diarrhoea, constipation, continence, colostomy)  
Control bowels day & night, no accidents yes  
Occasional accidents?  
Incontinent  

10. Controlling bladder: Do you have any trouble controlling your bladder? (urgency, frequency, nocturia, incontinence, catheter)  
Control bladder day & night, no accidents yes  
Occasional accidents?  
Incontinent  

No  

Appendix 12

MOBILITY

Do you have a current driving licence?  □ Yes  □ No

Are you still able to drive?  □ Yes  □ No
  if no, specify: why.

Do you have any problems with walking?  □ Yes  □ No
  if yes, specify:

Do you have any mobility aids?  □ Yes  □ No
  if yes, specify:
    □ walking stick
    □ frame
    □ other - specify:

Have you had any falls?  □ Yes  □ No

Can you get yourself up after falling?  □ Yes  □ No

What made you fall?  specify:

Are any of these services used?  Yes  No  frequency

District Nursing  □  □
Meals on wheels  □  □
Homehelp  □  □
Podiatry  □  □
Day care centre  □  □
Taxi voucher  □  □
Personal alarm  □  □
Appendix 13

AUSTRALIAN NUTRITION SCREENING INITIATIVE.

Do you have an illness or condition that has made you change the kind and/or amount of food you eat?  
☐ yes  ☐ no

Do you eat at least three meals per day?  
☐ yes  ☐ no

Do you eat fruit or vegetables most days?  
☐ yes  ☐ no

Do you eat dairy products most days?  
☐ yes  ☐ no

Do you have three or more glasses of beer, wine or spirits almost every day?  
☐ yes  ☐ no

Do you have 6 to 8 cups of fluid (e.g. water, juice, tea or coffee) most days?  
☐ yes  ☐ no

Do you have teeth, mouth, or swallowing problems that make it hard for you to eat?  
☐ yes  ☐ no

Do you always have enough money to buy food?  
☐ yes  ☐ no

Do you eat alone most of the time?  
☐ yes  ☐ no

Do you take 3 or more different prescribed or over the counter medicines every day?  
☐ yes  ☐ no

Have you lost or gained 5kg in the last 6 months, without wanting to?  
☐ yes  ☐ no

Are you always able to shop, cook and/or feed yourself?  
☐ yes  ☐ no
Appendix 14

SOCIAL

Do you live alone? □ Yes □ No
Who do you normally live with? □ partner □ child □ sibling
□ other - specify:

Do you have relatives living nearby? □ Yes □ No
If yes: □ sibling □ children □ grandchildren □ Other - specify:

Are your neighbours helpful? □ yes □ no □ don't know
Do you have someone to call on for assistance? □ Yes □ No
In an emergency, do you have anybody you would call on
during the day? □ Yes □ No
during the night? □ Yes □ No

Do you have regular outings (eg church) on at least one occasion during the week?
□ Yes □ No
Would you like to go out more than you do? □ Yes □ No
Do you attend any of the following? ADASS □ Yes □ No
CHC day centre □ Yes □ No
List others
### Appendix 15

#### HOUSING ASSESSMENT

Within the context of the occupant, are the following adequate?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bath?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate shower?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower over bath?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aids to assist?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper grab rails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seat over bath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubber mats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an inside toilet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside toilet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there proper grab rails?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any other aids?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slippery areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insecure handholds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overloaded powerpoints</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any hazards noticeable?

If yes, specify:

- Mats
- Steps
- Slippery areas
- Insecure handholds
- Stairs
- Overloaded powerpoints
Appendix 16

Home Assessment of the Elderly Study
Interview Report

Person Visited: John Smith
Age: 79
Address: 27 Swaine Avenue
City: North Adelaide

Interviewed by: Gaynor van der Walt
Date interviewed: 10/08/1998
Nominated doctor: Dr. Peter Pan

Results of Assessment

Mental state by FOLSTEIN score: 29
A.D.L by BARTHEL Index: 100
Nutrition score: 5
Stated vision quality: Good
Stated hearing quality: Fair

Stated prescribed medication:

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
<th>In Current Drug List</th>
</tr>
</thead>
<tbody>
<tr>
<td>DICLOFENAC SODIUM</td>
<td>Voltaren 50</td>
<td></td>
</tr>
<tr>
<td>LISINOPRIL</td>
<td>Prinivil 10</td>
<td></td>
</tr>
<tr>
<td>OESTROGENS-CONJUGATED</td>
<td>Premarin</td>
<td></td>
</tr>
</tbody>
</table>

Stated 'other' medication:

Notes
**Appendix 17**

**YARRAWONGA HOME ASSESSMENT OF THE ELDERLY PILOT STUDY**  
Telephone evaluation

You had a visit from Sr. Wendy Newbury recently, as part of the Yarrawonga Home Assessment of the Elderly Pilot Study (date of visit )

Would you mind answering a few questions for me about that? (As part of the study)

(I have a blank copy of the questionnaire here, I don’t know your particular answers)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you find the visit helpful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Very good /good /fair / poor</td>
<td></td>
</tr>
<tr>
<td>Was the time span convenient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Too long / just right / too short</td>
<td></td>
</tr>
<tr>
<td>Were the right topics covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you seen the doctor after the interview?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did he sort out the problems uncovered?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any extra services since the interview?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, which ones?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any other changes in your situation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think an annual visit is a good idea?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should we regularly visit all elderly people?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any additional comments

Name                                                  phone number.
### Appendix 18

Cost of 75+ HAs.

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Interview recorded on paper</th>
<th>Direct data entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average time (hours) required per assessment.</td>
<td>2.5</td>
<td>2</td>
</tr>
<tr>
<td>Nurses Wage</td>
<td>$14.50 /hr. including On Costs @ 8%</td>
<td>39.15</td>
</tr>
<tr>
<td>Travel (within Yarrawonga and Mulwala)</td>
<td>2.90</td>
<td>2.90</td>
</tr>
<tr>
<td>5 km @ $0.58</td>
<td>2.50</td>
<td>1.50</td>
</tr>
<tr>
<td>Stationery, telephone, printing, postage.</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>Office costs/storage of data/paper records</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Computer Database (Pentium 75mhz 1.02 Gbyte)</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td><strong>Cost per Assessment.</strong></td>
<td><strong>$51.55</strong></td>
<td><strong>$42.72</strong></td>
</tr>
<tr>
<td>10 assessments per week</td>
<td>23713.00</td>
<td>19651.20</td>
</tr>
<tr>
<td>46 weeks worked per year.</td>
<td>2349.00</td>
<td>1879.20</td>
</tr>
<tr>
<td><strong>Total Nurse Wage p.a.</strong></td>
<td><strong>$26,062.00</strong></td>
<td><strong>$21,530.40</strong></td>
</tr>
<tr>
<td>Notebook Computer (Total Peripherals) 486 DX4 100MHz, 8mb RAM, 420 H.D.</td>
<td>$4499 depreciated over 3 years</td>
<td>1500.00</td>
</tr>
<tr>
<td><strong>Total Annual Cost for 460 Assessments.</strong></td>
<td><strong>$26,062.00</strong></td>
<td><strong>$23,030.40</strong></td>
</tr>
<tr>
<td>Cost saving per annum with notebook computer.</td>
<td></td>
<td><strong>$3,031.60</strong></td>
</tr>
</tbody>
</table>
Appendix 19

General practice age sex register

Information letter from general practice

Telephone contact arrange visit

Visit: Verbal and written information
Written consent, SF-36

Randomisation

Control group
Usual care

Intervention group
75+ Health Assessment

12 months

75+ Health Assessment
12 months later

Second 75+ Health Assessment
12 months later

Review data, Analysis and Report writing
Appendix 20
Appendix 21

GDS 15

Geriatric Depression Scale, 15 questions, Yes / No answer to each question.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you basically satisfied with life?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Have you dropped many of your activities and interests?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you feel that your life is empty?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you often get bored?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Are you in good spirits most of the time?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Are you afraid that something bad is going to happen to you?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you feel happy most of the time?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Do you often feel helpless?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you prefer to stay at home, rather than going out and doing new things?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you feel that you have more problems with memory than most?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you feel that it is wonderful to be alive now?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Do you feel worthless the way you are now?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you feel full of energy?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Do you feel that your situation is hopeless?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you feel that most people are better off than you are?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Appendix 22

(Own doctor
Practice address
Date)

Letter of Invitation 1998

“Health Interview in your Home”

Dear (name)

We would like to offer you a “Health Interview in your Home” as part of a study we are conducting. This is being offered to some residents of the western suburbs of Adelaide who are aged 75 or older and who are living independently.

This health interview would be provided by a nurse who has been specially trained. Our nurse would like to visit you in your home now and again next year. You may like to have a friend or family member with you when the nurse visits. Half of you will receive a brief visit to explain the study and the other half a complete “Health Interview in your Home” A brief visit now means you will get a complete “Health Interview in your Home” next year. For the complete “Health Interview” our nurse will want to ask you questions about your health and how you cope with everyday problems. This will not be a physical examination, nor will any tests be performed. With your permission our nurse would like to see around your home. There may be dangers you have not recognised or improvements that could make you more independent.

Our nurse will write a report after the visit about any problems discovered or any other services that you could usefully receive. This report will be sent to whichever general practitioner you nominate as your usual doctor. This information will not be revealed to anyone else unless you ask that someone be informed about a particular problem. You will be encouraged to see your usual doctor for help with any problems.

In one years time we would like to visit you again. All the second visits will be complete health interviews. The second visit is to see if new problems have arisen and if your health has changed. If you have had serious problems we would like to ask your relatives and health care providers about your health during the year.

This visit will not cost you anything. The Commonwealth Government, Department of Health and Family Services has provided money to run this study. Dr. Jonathan Newbury from the University of Adelaide is coordinating
this study. He is a general practitioner with an interest in helping people aged 75 and over remain independent in their own homes. The doctors in this practice are interested in whether this can improve the care of people your age.

This study of health checks for people aged 75 and over may be used to plan services in the future. We will be collecting information about how many problems we discover and particularly whether they can easily be resolved perhaps by services that already exist. Information from your own visit will not be revealed in any reports of this study, only collective data obtained from all the visits together. A “Health Interview in your Home” by our nurse will be different to the service provided by the District Nurses who will still be available for the treatment of any problems. If you do not wish to be involved then that will make no difference to provision of health services to you through the usual services.

This type of care is commonly provided overseas but has not been a routine in Australia. Overseas it has been found to be useful in improving the health of this age group. We have decided to try it in Adelaide. We hope you will be involved in this interesting new initiative for provision of health care for people aged 75 or older. A nurse will telephone you from this practice in a few days to ask if you would like a “Health Interview in your Home”.

Yours sincerely,

(own doctor)

Dr. Jonathan Newbury
Department of General Practice
The University of Adelaide
North Terrace
Adelaide 5005
Telephone 83033454
In other countries part of the care of people aged 75 and over is provided by visiting them in their homes. These visits are usually done by a nurse as a regular check-up, not because a particular problem has arisen. This system of caring for the elderly doesn't happen in Australia. In Adelaide we will be studying this system over the next two years.

This “Health Interview” will be provided by a nurse who has been specially trained. Our nurse will visit you in your home now and again next year. You may like to have a friend or family member with you when the nurse visits. Half of you will receive a brief visit to explain the study and the other half a complete “Health Interview in your Home” A brief visit now means you will get a complete “Health Interview in your Home” next year. For the complete “Health Interview” our nurse will want to ask you questions about your health and how you cope with everyday problems. This will not be a physical examination, nor will any tests be performed. With your permission our nurse would like to see around your home. There may be dangers you have not recognised or improvements that could make you more independent.

Our nurse will write a report after the visit about any problems discovered or any other services that you could usefully receive. This report will be sent to whichever general practitioner you nominate as your usual doctor. This information will not be revealed to anyone else unless you ask that someone be informed about a particular problem. You will be encouraged to see your usual doctor for help with any problems.

In one years time we would like to visit you again. This second visit will be a complete “Health Interview in your Home” for all of you. This is to see if new problems have arisen and if your health has changed. If you have had serious problems we would like to ask your relatives and health care providers about your health during the year.
This visit will not cost you anything. The Commonwealth Government, Department of Health and Family Services has provided money to run this study. Dr. Jonathan Newbury from the University of Adelaide is coordinating this study. He is a general practitioner with an interest in helping people aged 75 and over remain independent in their own homes. The doctors in this practice are interested in whether this can improve the care of people your age.

This study of “Health Interview” for people aged 75 and over may be used to plan services in the future. We will be collecting information about how many problems we discover and particularly whether they can easily be resolved perhaps by services that already exist. Information from your own visit will not be revealed in any reports of this study, only collective data obtained from all the visits together. A “Health Interview in your Home” by our nurse will be different to the service provided by the District Nurses who will still be available for the treatment of any problems. If you do not wish to be involved then that will make no difference to provision of health services to you through the usual services.

We are trying to find out how useful it would be to provide this service throughout Australia. If you would like to tell the nurse what you think of this visit then your comments will be very helpful for our plans.

Dr. Jonathan Newbury
Department of General Practice
University of Adelaide
North Terrace
Adelaide 5005
Telephone 83033454
Appendix 24

“Health Interview in your Home”. Consent Form 1998

1. I, ____________________________, hereby consent to take part in the study entitled: “Health Interview in your Home”

2. I acknowledge that I have read the Health Interview in your Home Letter of Invitation, Information Sheet and this Consent Form.

3. I have had the study fully explained to my satisfaction by the research nurse. My consent is given freely.

4. I understand that the purpose of this study is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.

5. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

6. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

7. I understand that I am free to stop the “Health Interview in your Home” and withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.

8. I am aware that I should retain a copy of this Consent Form and the Information Sheet.

Signed ____________________________ Date ____________________________
Name of witness ____________________________ Signed ____________________________ Date ____________________________

I ____________________________ have described to the nature of the procedures to be carried out. In my opinion she/he understood the explanation.

Signed ____________________________ Date ____________________________
Status in Project: Research Nurse.
Second Visit

“Health Interview in your Home”

Dear

We would like to visit you again for a “Health Interview in your Home”. You may remember your first visit was 12 months ago. This is being offered to some residents of the western suburbs of Adelaide who are aged 75 or older and who are living independently.

This health interview would be provided by a nurse who has been specially trained. You may like to have a friend or family member with you when the nurse visits. For this year’s “Health Interview” our nurse will want to ask you questions about your health and how you cope with everyday problems. This will not be a physical examination, nor will any tests be performed. With your permission our nurse would like to see around your home. There may be dangers you have not recognised or improvements that could make you more independent.

The second visit is to see if new problems have arisen and if your health has changed. If you have had serious problems we would like to ask your relatives and health care providers about your health during the year.

Our nurse will write a report after the visit about any problems discovered or any other services that you could usefully receive. This report will be sent to whichever general practitioner you nominate as your usual doctor. This information will not be revealed to anyone else unless you ask that someone be informed about a particular problem. You will be encouraged to see your usual doctor for help with any problems.

This visit will not cost you anything. The Commonwealth Government, Department of Health and Family Services has provided money to run this
study. Dr. Jonathan Newbury from the University of Adelaide is coordinating this study. He is a general practitioner with an interest in helping people aged 75 and over remain independent in their own homes. The doctors in this practice are interested in whether this can improve the care of people your age.

This study of health checks for people aged 75 and over may be used to plan services in the future. We will be collecting information about how many problems we discover and particularly whether they can easily be resolved perhaps by services that already exist. Information from your own visit will not be revealed in any reports of this study, only collective data obtained from all the visits together. A “Health Interview in your Home” by our nurse will be different to the service provided by the District Nurses who will still be available for the treatment of any problems. If you do not wish to be involved then that will make no difference to provision of health services to you through the usual services.

This type of care is commonly provided overseas but has not been a routine in Australia. Overseas it has been found to be useful in improving the health of this age group. We have decided to try it in Adelaide. Thanks you for being involved in this interesting new initiative for provision of health care for people aged 75 or older. Sister Heather Temby will telephone you in a few days to arrange your second “Health Interview in your Home”.

Yours sincerely,

Sr. Heather Temby
Department of General Practice
The University of Adelaide
Adelaide 5005
Telephone 83033454

Dr. Jonathan Newbury
Department of General Practice
The University of Adelaide
Adelaide 5005
Telephone 83033454
Dear

Thank you for cooperating last year in my research of “Home Functional Assessment of the Elderly” with patients in your practice.

Sr. Gaynor van de Walt visited a random sample of your patients this time last year. I hope that the information you received after that first visit was useful.

As part of the study your patients will receive their second (and final) visit soon. Visits this year will be by Sr. Heather Temby who is an experienced research nurse working with this department. You may have met Heather in her visits to surgeries with the ANBP2 study.

All the patients visited last year will receive a Home Functional Assessment again. Additionally patients who consented and were randomised to control group (no assessment) will receive a Home Functional Assessment that will be similarly reported to you.

I need to track down any patients who have moved, been institutionalised or died since last year. If Heather can’t find a patient she will ring you to see if you know their whereabouts.
I want to reassure you again that all information obtained is kept confidential and that only de-identified data will be published.

I have enclosed a patient information sheet with this letter to remind you of the details of the study.

If you have any questions or concerns about the study I am always available to discuss issues with you.

Kind regards

Dr. Jonathan Newbury
Sr. Heather Temby
0413 993991
Home Functional Assessment of the Elderly.

Dr. J
??? XXXX St.
Adelaide

Dear Dr. J

We are conducting a research project of “Home Functional Assessment of the Elderly” in the Adelaide Western Division of General Practice.

Sr. Gaynor van de Walt visited a random sample of patients this time last year. Reports of each visit are posted to the general practitioner they nominate. One of the patients who consented to be involved in the study last year is Mrs A B. She tells us that you are her GP.

As part of the study your patient has received his second (and final) visit. Visits this year are by Sr. Heather Temby who is an experienced research nurse working with this department. You may have met Heather in her visits to surgeries with the ANBP2 study.

All the patients visited last year will receive a Home Functional Assessment. Additionally patients who consented and were randomised to control group will receive a Home Functional Assessment that will be similarly reported to you.

I want to reassure you again that all information obtained is kept confidential and that only de-identified data will be published.

I have enclosed a patient information sheet with this letter to inform you of the details of the study.
If you have any questions or concerns about the study I am always available to discuss issues with you.

Kind regards

Dr. Jonathan Newbury

Sr. Heather Temby
Chapter 9 Publications


