

## **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 24.....	276
Appendix 25.....	277
Appendix 26.....	279
Appendix 27.....	281

## **Appendix 1**

**Dr. Jonathan Newbury,  
Sister Wendy Newbury,  
21 Somerset Drive,  
Yarrowonga 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 Yarrowonga 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 Yarrowonga 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 Yarrowonga 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.

<b>Dr. Jonathan Newbury</b>	<b>441777 (BH)</b>
<b>Sister Wendy Newbury</b>	<b>441811 (anytime).</b>

### **Appendix 3**

#### **YARRAWONGA HOME ASSESSMENT of the ELDERLY PILOT STUDY**

#### **CONSENT FORM**

1. I, \_\_\_\_\_, consent to take part in the research project entitled: Yarrowonga Home Assessment of the Elderly Pilot Study.
2. I have read the Yarrowonga 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

SURNAME:

GIVEN NAMES

DATE OF BIRTH

AGE

SEX            M    F

MARITAL STATUS

ADDRESS

POSTCODE

HOME TELEPHONE NO

Date visited:

GP:

## Appendix 5

### HEARING

What is your hearing like?

V.Good    Good    Fair    Poor    Deaf  
               

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?

V.good    Good    Fair    Poor    Blind  
               

List of Visual Aides.

Reading glasses,

Distance glasses,

Bi-focals

Contact lens

Magnifying glass

Other, specify:

Do your glasses help?

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?  yes  no

if yes, specify:

Do you have any allergies?  yes  no

if yes, specify drug and reaction:

List all non-prescription medication:

## Appendix 8

### PRESCRIBED MEDICATION

Name Of Drug	Strength	Dose	Route	Frequency
--------------	----------	------	-------	-----------

## 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 When did you stop?  
 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:			2 Where are we?			Points
Year	_____	1	Country	_____	1	
Season	_____	1	State/Territory	_____	1	
Date	_____	1	Town/City	_____	1	
Day	_____	1	Suburb (Street no)	_____	1	
Month	_____	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

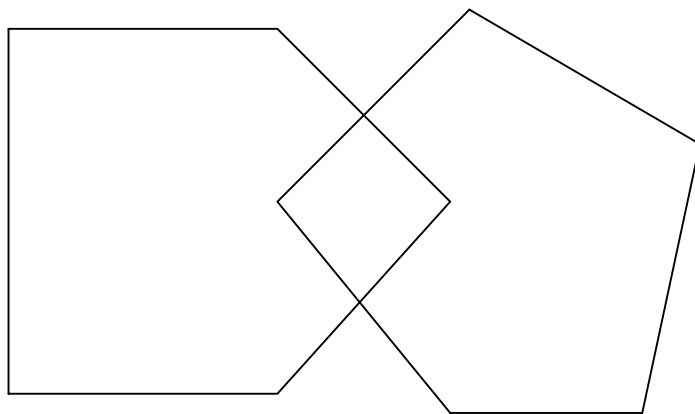
- 10 Have the patient copy the design printed over page. (Give one point if all sides and angles are preserved and if the intersecting sides form a diamond shape.) \_\_\_\_\_ 1

- 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              | <input type="checkbox"/> | 10 |
| help/supervision | <input type="checkbox"/> | 5  |
| no               | <input type="checkbox"/> | 0  |
2. Can you independently get in and out of a chair? Can you independently get in and out of bed?
- |                              |                          |    |
|------------------------------|--------------------------|----|
| Independent                  | <input type="checkbox"/> | 15 |
| Minimal help/safety reminder | <input type="checkbox"/> | 10 |
| Assisted                     | <input type="checkbox"/> | 5  |
| No                           | <input type="checkbox"/> | 0  |
3. Personal toilet: wash hands/face/do hair/teeth/shave/ and make-up.
- |             |                          |   |
|-------------|--------------------------|---|
| Independent | <input type="checkbox"/> | 5 |
| Assisted    | <input type="checkbox"/> | 0 |
4. Toilet: Are you able to get to the toilet independently? (May use aids to assist)
- |     |                          |    |
|-----|--------------------------|----|
| Yes | <input type="checkbox"/> | 10 |
|-----|--------------------------|----|
- Do you need some assistance? due to imbalance, handling clothes, using toilet paper.
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | 5                        |   |
| No                       | <input type="checkbox"/> | 0 |
5. Bathing: Can you bathe, or shower independently?
- |     |                          |   |
|-----|--------------------------|---|
| yes | <input type="checkbox"/> | 5 |
| No  | <input type="checkbox"/> | 0 |

6. Walking - level surface, with aids if needed:

Are you able to sit and stand, and walk 50 yards without help or supervision;	Independent	<input type="checkbox"/>	15
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		<input type="checkbox"/>	10
Propels own wheelchair independently		<input type="checkbox"/>	5
	No	<input type="checkbox"/>	0

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).		<input type="checkbox"/>	10
Do you need help or supervision in the above?		<input type="checkbox"/>	5
Unable		<input type="checkbox"/>	0

8. Can you manage dressing yourself?/undressing yourself?

Put on, remove, fasten all clothing and tie shoelaces?	yes	<input type="checkbox"/>	10
Do you need assistance, but do at least 1/2 yourself?		<input type="checkbox"/>	5
Unable		<input type="checkbox"/>	0

9. Continence - bowels: Do you have any trouble controlling your bowels? (diarrhoea, constipation, continence, colostomy)

Control bowels day & night, no accidents	yes	<input type="checkbox"/>	10
	Occasional accidents?	<input type="checkbox"/>	5
	Incontinent	<input type="checkbox"/>	0

10. Controlling bladder: Do you have any trouble controlling your bladder? (urgency, frequency, nocturia, incontinence, catheter)

Control bladder day & night, no accidents	yes	<input type="checkbox"/>	10
	Occasional accidents?	<input type="checkbox"/>	5
	Incontinent	<input type="checkbox"/>	0

## **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	<input type="checkbox"/>	<input type="checkbox"/>	
------------------	--------------------------	--------------------------	--

Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	
-----------------	--------------------------	--------------------------	--

Homehelp	<input type="checkbox"/>	<input type="checkbox"/>	
----------	--------------------------	--------------------------	--

Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	
----------	--------------------------	--------------------------	--

Day care centre	<input type="checkbox"/>	<input type="checkbox"/>	
-----------------	--------------------------	--------------------------	--

Taxi voucher	<input type="checkbox"/>	<input type="checkbox"/>	
--------------	--------------------------	--------------------------	--

Personal alarm	<input type="checkbox"/>	<input type="checkbox"/>	
----------------	--------------------------	--------------------------	--



## **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(eg 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?

	Heating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cooling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cleanliness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hot water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Taps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bathroom:			
Does the bathroom have-	Bath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Separate shower?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	shower over bath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	aids to assist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	if yes, specify:		
	proper grab rails	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	shower chair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	seat over bath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rubber mats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	other - specify:		
Toilet:	is there an inside toilet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	outside toilet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there proper grab rails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there any other aids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	if yes, specify:		
	Are there any hazards noticeable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
if yes, specify:	mats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	steps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	slippery areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	insecure handholds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	stairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	overloaded powerpoints	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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:**

**Generic Name**

DICLOFENAC SODIUM

LISINOPRIL

OESTROGENS-CONJUGATED

**Brand Name**

Voltaren 50

Prinivil 10

Premarin

**In Current  
Drug List**

**Stated 'other' medication:**

Notes

## **Appendix 17**

### **YARRAWONGA HOME ASSESSMENT OF THE ELDELY 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)

Did you find the visit helpful?

Yes                  no

Very good /good /fair / poor

Was the time span convenient?

Yes                  no

Too long / just right / too short

Were the right topics covered

Yes                  No

Have you seen the doctor after the interview?

Yes                  No

Did he sort out the problems uncovered?

Yes                  No

Have you had any extra services since the interview?

Yes                  No

If yes, which ones?

Have you had any other changes in your situation?

Yes    No    Don't know

Do you think an annual visit is a good idea?

Yes    No    Don't know

Should we regularly visit all elderly people?

Yes    No    Don't know

Any additional comments

Name

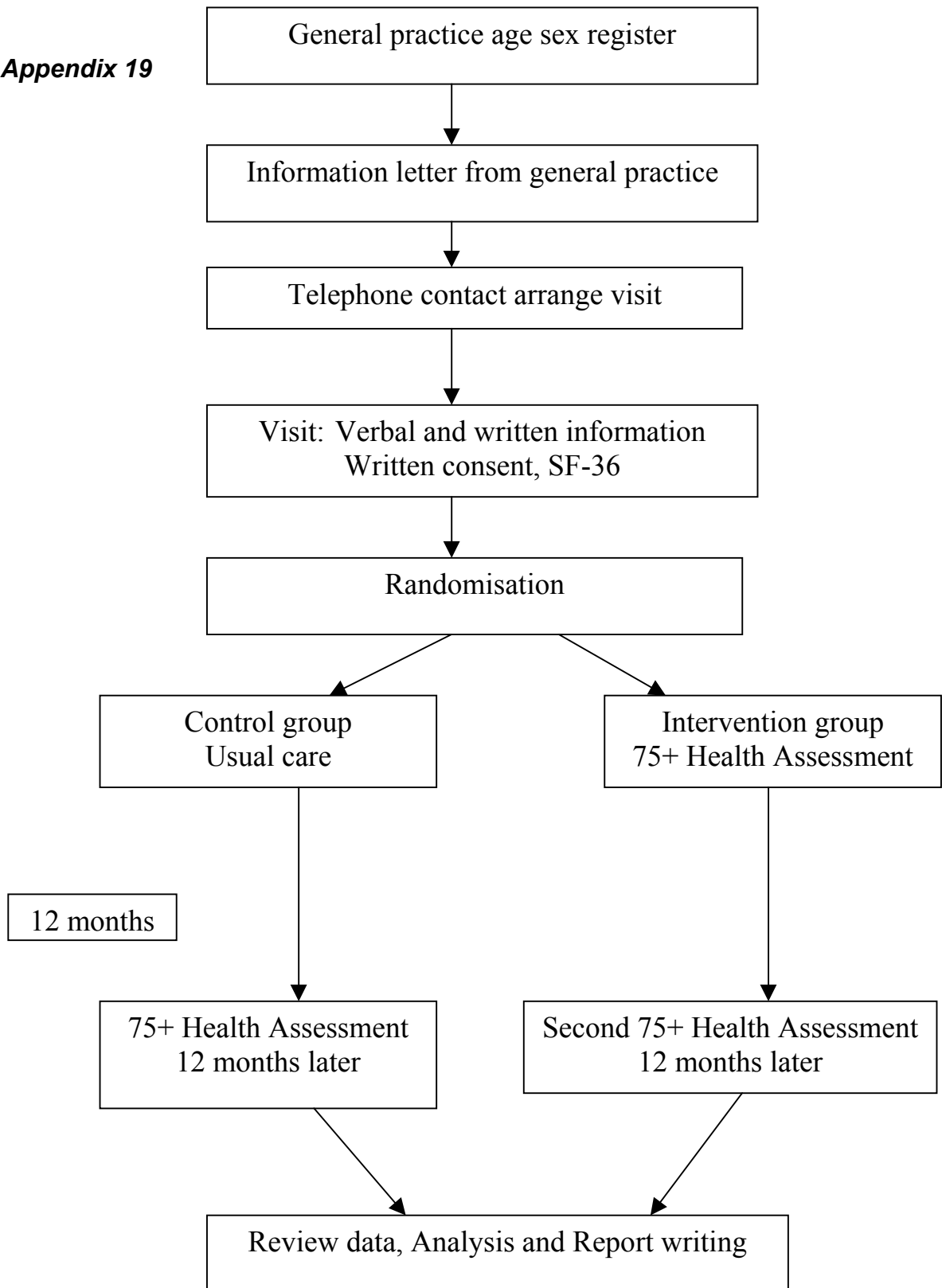
phone number.

## Appendix 18

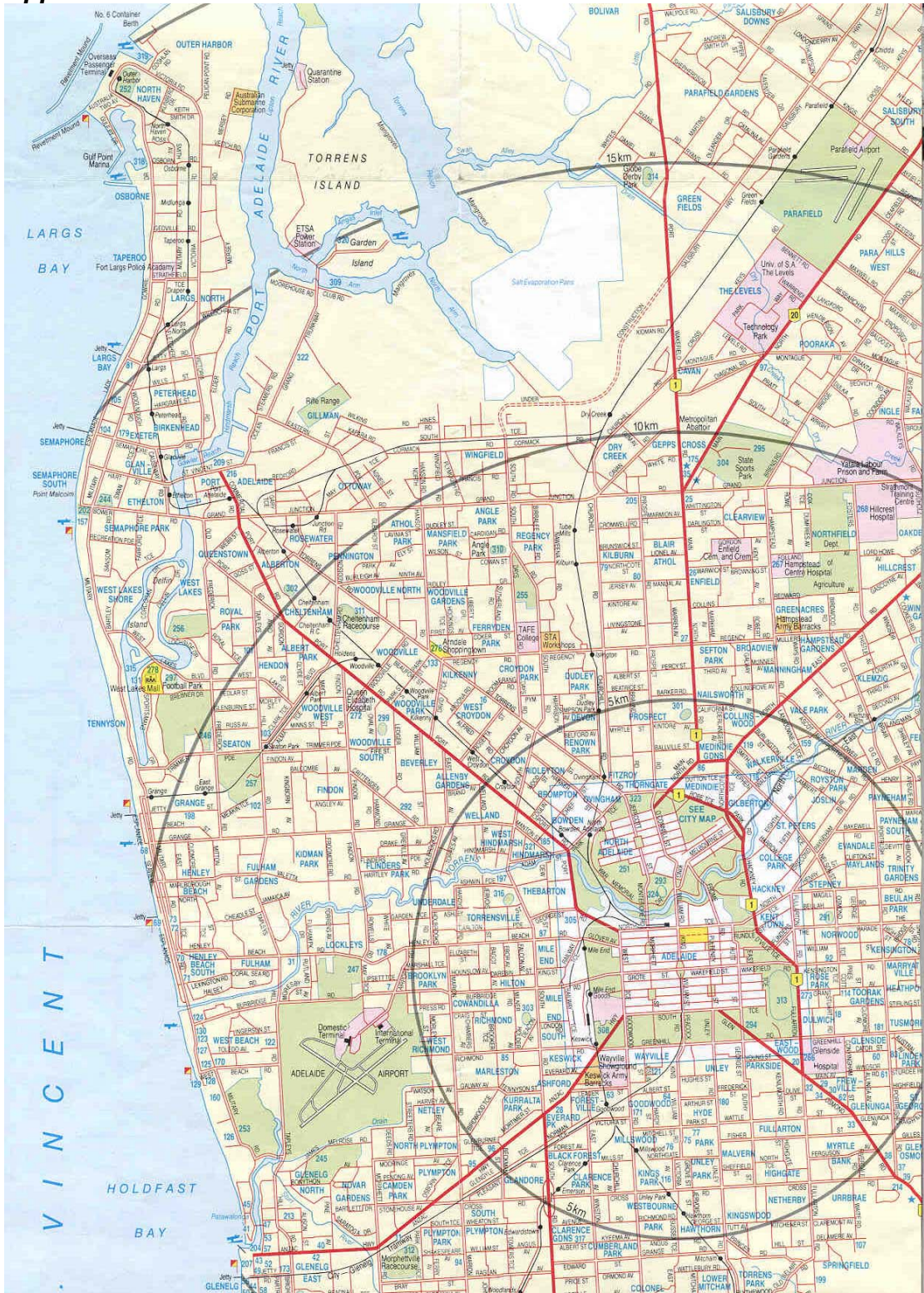
Cost of 75+ HAs.

	Interview recorded on paper	Direct data entry
Average time (hours) required per assessment.	2.5	2
Nurses Wage \$14.50 /hr. including On Costs @ 8%	39.15	31.32
Travel (within Yarrawonga and Mulwala) 5 km @ \$0.58	2.90	2.90
Stationery, telephone, printing, postage.	2.50	1.50
Office costs/storage of data/paper records	2.00	2.00
Computer Database (Pentium 75mhz 1.02 Gbyte)	5.00	5.00
Cost per Assessment.	\$51.55	\$42.72
10 assessments per week 46 weeks worked per year. 460 Assessments.	23713.00	19651.20
6 weeks leave,	2349.00	1879.20
Total Nurse Wage p.a.	\$26,062.00	\$21,530.40
Notebook Computer (Total Peripherals) 486 DX4 100MHz, 8mb RAM, 420 H.D. \$ 4499 depreciated over 3 years		1500.00
Total Annual Cost for 460 Assessments.	\$26,062.00	\$23,030.40
Cost saving per annum with notebook computer.		\$3,031.60

**Appendix 19**



Appendix 20





## **Appendix 21**

### **GDS 15**

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

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

Sheikh J I, Yesavage J A. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. *Clinical Gerontologist* 1986;5:165-173

## **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

## **Appendix 23**

### “Health Interview in your Home.”

#### Information Sheet 1998

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  
Name of witness  
Date

Date  
Signed

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

Signed  
Status in Project: Research Nurse.

Date

## **Appendix 25**

Department of General Practice  
The University of Adelaide  
Adelaide 5005  
Telephone 83033454  
Date.

### 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 years “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

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



## **Appendix 26**

### **Department of General Practice**

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Phone +61 (0)8 83319448 AH  
Mobile 0418 818469  
Email [jnewbury@medicine.adelaide.edu.au](mailto:jnewbury@medicine.adelaide.edu.au)

/1999

#### Home Functional Assessment of the Elderly.

Dr.

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

## **Appendix 27**

Department of General Practice  
University of Adelaide  
North Terrace  
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Phone +61 (0)8 83033454  
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Email [jnewbury@medicine.adelaide.edu.au](mailto:jnewbury@medicine.adelaide.edu.au)

10/9/1999

### Home Functional Assessment of the Elderly.

Dr.J  
?? XXXXX 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

1. Newbury J, Marley J. Functional Assessment of the Elderly. *BMJ* 1999;<http://www.bmj.com/cgi/eletters/319/7211/683#EL1>.
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5. Newbury J, Marley J, Beilby J. A randomised controlled trial of the outcome of health assessment of people aged 75 years and over. *Med J Aust*, 2001; 175: 104-107
6. Newbury J, Byles J. Chapter 4 Functional Assessment: 75+ Health Assessment in Australia. In: Ratnaik R, editor. *Practical Guide to Geriatric Medicine*. Melbourne: McGraw-Hill; (in press, not reproduced here)