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## Profile report #1

interRAI Check-Up SR

06/05/2020

## **BASIC INFORMATION**

| 27.010 1111 0111 11111011   |  |                          |   |                               |  |
|---|--|--------------------------|---|-------------------------------|--|
| Assessment date   | 06/05/2020<br>Nora Smith   |                          | Overnight hospital stays in last<br>90 days   | 0                             |  |
| Name  |  |                          |   | 0                             |  |
| Age   | 90   |                          | Emergency room visits in last 90 days   | 0                             |  |
| Gender  | Female   |                          | Visits with a doctor or nurse-  | 3                             |  |
| Marital status  | Widowed  |                          | practitioner in last 90 days  |                               |  |
| Where do you live now?  | Assisted living or semi-<br>independent living<br>With non-relative(s) |                          | Family members or friends feel overwhelmed by your condition  | No                            |  |
| Timese de yeu me mem  |  |                          | Who answered the questions on   | I answered all questions myse |  |
| Who do you live with now?   |  |                          | this form?  |                               |  |
| DISEASE DIAGNOSES   |  |                          |   |                               |  |
| Chronic obstructive pulmonary of  | lisease  |                          | Disease present AND being treated or monitored  |                               |  |
| Diabetes  |  |                          | Disease present AND being treated or monitored  |                               |  |
| OVERALL SITUATION AND   | PROBLEMS   |                          |   |                               |  |
| I Assessment Urgency Algorithm (1-6) AUA  |  | AUA                      | Medium Risk (4)   |                               |  |
| Changes in health, End-stage disease and Signs<br>and Symptoms (0-5)                  |  | CHESS                    | Minimal health instability (1)  | 0 5                           |  |
| I Divert scale (0-6)  |  | DIVERT                   | 2   | 0 6                           |  |
| ,   |  | CARDIO                   | Triggered   |                               |  |
| Pain (0-4) PAIN   |  | Less than daily pain (1) |   |                               |  |
| I Falls scale (0-3)   |  |                          | No fall in last 30 days but fell 31-90 days ago (1)   |                               |  |
| [[SMCG>0+D+H]]  |  |                          |   |                               |  |
| I Assessment Urgency Algorithm (1-6)  |  |                          | Medium Risk (4)   |                               |  |
| I Self-reliance Index (0-1)   |  |                          | Not self reliant (1)  |                               |  |
| Dizziness   |  |                          | On 1 of last 3 days   |                               |  |
| In the last 3 days, did you have shortness of breath?                                 |  |                          | I had shortness of breath when doing normal day-to-day activities (for example, getting dressed or doing housework) |                               |  |
| Nutrition   |  |                          |   |                               |  |
| Falls   |  |                          |   |                               |  |
| Falls scale (0-3) FALLS   |  | FALLS                    | No fall in last 30 days but fell 31-90 days ago (1)   |                               |  |
| COGNITION, COMMUNICA  | TION AND MOO   | D                        |   |                               |  |
| Cognitive Performance Scale (0-   | 6)   | CPS                      | Intact (0)  | 0 6                           |  |
| elf Rated Mood (0-9) SRMood   |  | 0                        |   |                               |  |
| Communication scale (0-8)   |  | Intact (0) 0 8           |   |                               |  |
| How well do you make decisions  | about daily tasks?   |                          | No problem  |                               |  |
| How often is memory a problem for you?  |  |                          | Rarely  |                               |  |
| How has your ability to make decisions about daily tasks changed in the last 90 days? |  |                          | No change   |                               |  |



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## Communication

| Mood                                |  |                               |   |   |  |
|-------------------------------------|--|-------------------------------|---|---|--|
| How often do you feel lonely?       |  |                               | I feel lonely frequently, but less than daily |   |  |
| FUNCTIONAL STATUS                   |  |                               |   |   |  |
| ADL Hierarchy (0-6)                 |  | ADLH                          | Independent (0)                               | 06  |  |
| ADL Short Form (0-16)               |  | ADLSF                         | No ADL Impairment (0)                         | 016   |  |
| IADL Capacity Hierarchy Scale (0-6) |  | IADLCH                        | 2   | 0 6   |  |
| Self-reliance Index (0-1)           |  | SRI                           | Not self reliant (1)                          | 0 1   |  |
| ADL                                 |  |                               | IADL  |   |  |
| I Bathing                           | l did at least hal<br>but l always nee | f of it by myself,<br>ed help | Meal preparation                              | I could do it by myself, but<br>sometimes I need help               |  |
| I Change in ADL (90 days)           | No change                              |                               | Ordinary housework                            | I could do at least half of it by<br>myself, but I always need help |  |
|                                     |  |                               | Stairs  | I could do less than half of it by myself and I always need help    |  |
|                                     |  |                               |   |   |  |

