

TheDaCare: Community Paramedicine Pilot Health Assessment

1. Spiritual/cultural

- Yes No

2. Health maintenance providers

- Primary care provider Specialty care provider Community paramedic
 At-home service Complex care team Social worker
 Other

3. Patient barriers

- No barriers Financial Caregiver
 Transportation Cognitive disability Language
 Vision Emotional Cultural
 Disease state Family Pain
 Other

4. Patient exercises. If yes, frequency: _____ duration: _____

- Yes No

5. Current diet

- As tolerated General Low fat
 Low cholesterol No caffeine No added sodium
 No restrictions Special formula/diet TPN
 Diabetic diet Other

6. Patient's perceived health

- Good health Is alert In no apparent distress
 In mild distress In moderate distress In severe distress
 Is appropriately interactive Other

7. Caregiver's perceived health

- Good health Is alert In no apparent distress
 In mild distress In moderate distress In severe distress
 Is appropriately interactive Other

8. Medications effective

- Yes No

9. Medication concerns _____

ABOUT THIS SOCIAL DETERMINANTS OF HEALTH ASSESSMENT TOOL

This resource is a companion to the Center for Health Care Strategies' brief, *Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations*. The brief examines how organizations participating in *Transforming Complex Care (TCC)*, a multi-site national initiative funded by the Robert Wood Johnson Foundation, are assessing and addressing social determinants of health for populations with complex needs. To download the brief and view additional assessment tools, visit www.chcs.org/sdoh-screening/.

10. Patient's ambulation

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Cart |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Other |

11. Fear of falling

- Yes No

12. Frequency of falls

- Never Rarely Infrequently Occasionally Daily Other

13. Tripping hazards in home

- Yes No

14. Tripping hazards present

- Throw rugs Cords/cables Clutter Thresholds Other

15. Focus of today's visit

- | | | |
|---|---|--|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Wound education | <input type="checkbox"/> Pneumonia education |
| <input type="checkbox"/> Sepsis education | <input type="checkbox"/> Diabetic education | <input type="checkbox"/> CHF/weight/BP education |
| <input type="checkbox"/> Blood sugar logs | <input type="checkbox"/> Diabetic foot logs | <input type="checkbox"/> Wound care |
| <input type="checkbox"/> Social services | <input type="checkbox"/> Other | |

16. Education and resources given to patient

- | | | |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Sepsis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> CHF/Weight/BP | <input type="checkbox"/> ADRC |
| <input type="checkbox"/> LEAVEN | <input type="checkbox"/> Food pantry | <input type="checkbox"/> Other |

17. New barriers identified

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> No barriers | <input type="checkbox"/> Financial | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Cognitive disability | <input type="checkbox"/> Language |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Emotional | <input type="checkbox"/> Cultural |
| <input type="checkbox"/> Disease state | <input type="checkbox"/> Family | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Other | | |

18. Life hazards

- | | | |
|--|--|--|
| <input type="checkbox"/> No employment | <input type="checkbox"/> No home | <input type="checkbox"/> No community |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> Inhalants (employment) | <input type="checkbox"/> Noise (employment) |
| <input type="checkbox"/> Fire concerns (home) | <input type="checkbox"/> Air pollution (home) | <input type="checkbox"/> Clutter (home) |
| <input type="checkbox"/> Noise (community) | <input type="checkbox"/> Clean water (community) | <input type="checkbox"/> Air pollution (community) |
| <input type="checkbox"/> Seatbelt use (transportation) | <input type="checkbox"/> Vision (transportation) | <input type="checkbox"/> Vehicle (transportation) |
| <input type="checkbox"/> Other | | |

19. Transportation screening completed

- Yes No