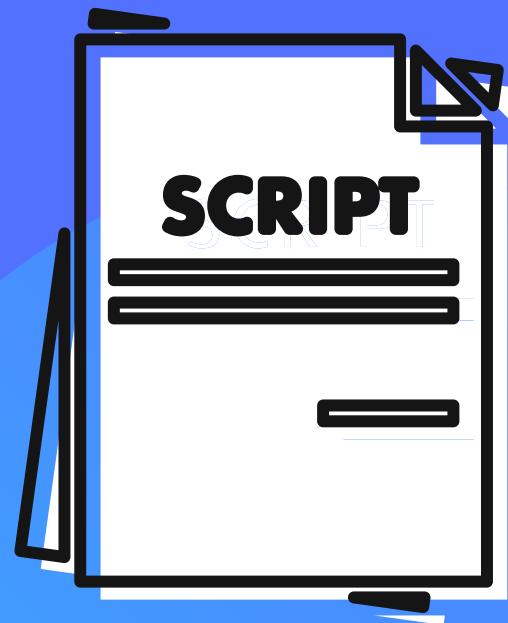
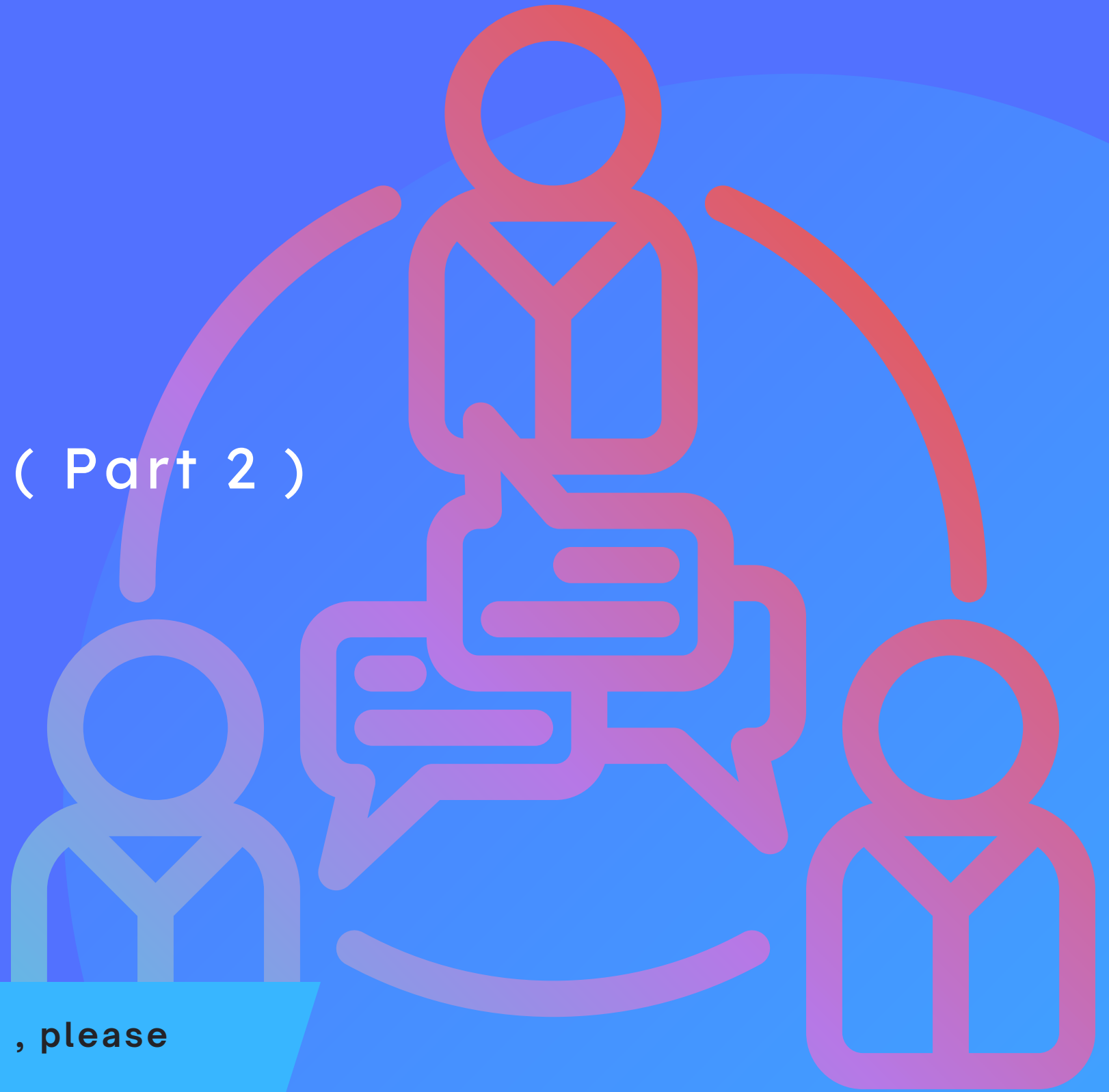


Yarmouk University

Community Medicine

Training on Filling A Questionnaire (Part 2)

Written By : فاعل خير



If you come by any mistake , please
kindly report it to
shaghafbatch@gmail.com

Questionnaire

1- consent and permission , you are not allowed to force the subject on answering your questionnaire , and information given must be kept and protected secretly

MED 410 Geriatric Household Questionnaire

هذه دراسة مسحية على المجتمع المحلي يقوم بها طلاب الطب في جامعة البرموك ضمن مساق صحة المجتمع وذلك لغايات التدريب على الية عمل المقابلات وتجميع المعلومات بشكل علمي وصحيح والاستفادة من المعلومات لعمل الأبحاث في المستقبل.

lyly.najeeb@gmail.com (not shared) [Switch accounts](#)

*Required

* عزيزي المشارك،

أطلب منك الموافقة على المشاركة في بحثي الذي أقوم به وذلك بعد اطلاعك على أهداف وطبيعة الدراسة المشار إليها سابقاً والتي قدمت لك بشكل مكتوب وشفهي، واتاحة الفرصة لك للاستفسار حول الدراسة، بعد أخذ البنود التالية بالاعتبار:

على الرغم من موافقتي على المشاركة في هذه البحث حالياً، إلا أنني أستطيع الانسحاب في أي وقت، وبإمكاني الامتناع عن إجابة أي سؤال دون أن يترتب على ذلك أية نتائج مهما كان نوعها.

بإمكاني سحب موافقتي على استخدام البيانات التي تم الحصول عليها من خلال مقابلي خلال أسبوعين من اجراء المقابلة، وفي هذه الحالة يتم حذف البيانات المتعلقة بذلك.

أن كل المعلومات التي أقوم بتزويدها في هذه الدراسة ستعامل بشكل سري، وسيتم الحفاظ على سرية هويتي الشخصية، وأن ذلك قد يتم من خلال تغيير اسمي وتعديل أو إخفاء أية تفاصيل من المقابلة قد تقود إلى الكشف عن هويتي أو هوية الأشخاص الذين أتحدث عنهم.

بإمكاني سحب موافقتي على استخدام البيانات التي تم الحصول عليها من خلال مقابلي خلال أسبوعين من اجراء المقابلة، وفي هذه الحالة يتم حذف البيانات المتعلقة بذلك.

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في حال قيامي بإخبار الباحث عن وضع فيه خطورة أو أذى لي أو للآخرين فإنه يستطيع إيصال ذلك إلى السلطات والجهات المختصة، وأنه سيناقتش ذلك معي أولاً ولكنه قد يقوم بذلك بعد الحصول على موافقتي أو دون الحصول على تلك الموافقة.

سيتم حفظ الموافقات الخطية والتسجيلات الصوتية والمرئية في انقر هنا لكتابة المكان الذي سيتم فيه الاحتفاظ بالموافقات والتسجيلات (لدى الباحث على سبيل المثال).

أن وصف مقابلي والذي تم حذف كل المعلومات الدالة على هويتي سيتم الاحتفاظ به لغاية انقر هنا لكتابة مدة الاحتفاظ بالمعلومات.

أنه بإمكانني الوصول إلى المعلومات التي قمت بتزويدها سابقاً في أي وقت أرغب ما دامت مخزنة وذلك ضمن مبدأ حرية المعلومات.

حرية التواصل مع الأشخاص القائمين على البحث لطلب اي توضيحات أو معلومات إضافية أرغب بالحصول عليها.

لم أحصل على منفعة مباشرة جراء مشاركتي في هذه الدراسة.

أنتي أوافق على تسجيل مقابلي بشكل (اختر الاجابة):

أوافق

غير موافق

Next

Clear form

2- ID : you must fill this
(student ID number) so you
can take your mark .

3- phone number : student
telephone number

4- relative relation :

Questionnaire

lyly.najeeb@gmail.com (not shared) [Switch accounts](#)

*Required

Identification

YU Student ID Number * الرقم الجامعي للطالب الذي سيقوم بالمقابلة

Your answer

YU student Telephone #

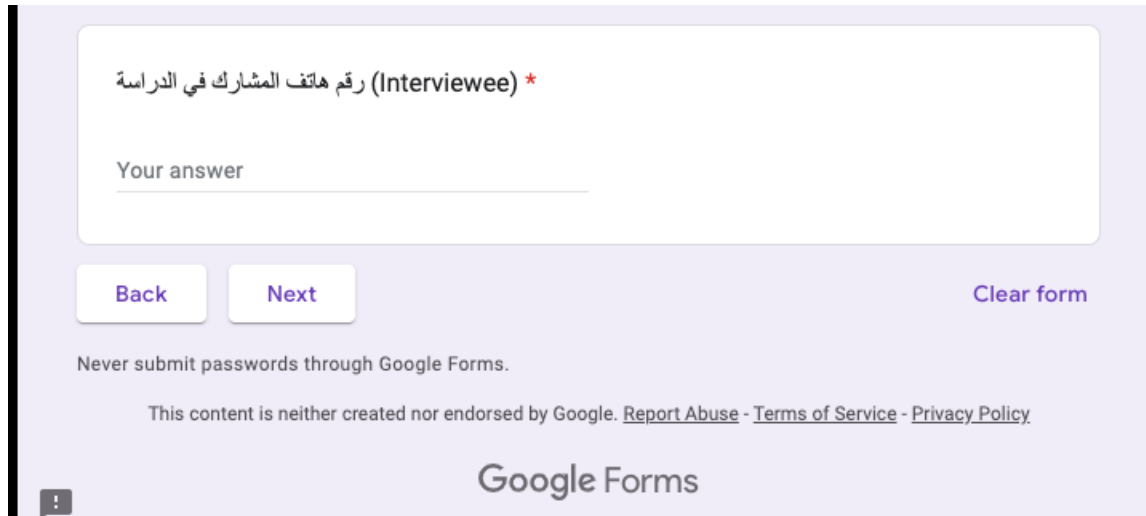
Your answer

YU Student Relationship with interviewee

- Grand Father (الجد)
- Grand Mother (الجددة)
- Father (الوالد)
- Mother (الوالدة)
- Aunt (العمة أو الخالة)

5- subject phone number :

6- interview year :



رقم هاتف المشارك في الدراسة (Interviewee) *

Your answer

Back Next Clear form

Never submit passwords through Google Forms.

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Google Forms

The image shows a Google Form interface. At the top, there is a question in Arabic: "رقم هاتف المشارك في الدراسة (Interviewee) *". Below the question is a text input field with the placeholder text "Your answer". Underneath the input field are three buttons: "Back", "Next", and "Clear form". Below the buttons, there is a warning message: "Never submit passwords through Google Forms." and a footer message: "This content is neither created nor endorsed by Google. Report Abuse - Terms of Service - Privacy Policy". At the bottom center, the "Google Forms" logo is visible. In the bottom left corner, there is a small grey square icon with an exclamation mark.

Baseline identification (information about the subject)

Baseline Demographics

Age (Year) *

999

Birth Year (سنة الميلاد) *

999

الجنس *

ذكر

انثى

محل الإقامة (Residence) *

محافظات الشمال (اريد , عجلون , جرش , المفرق)

محافظات الوسط (عمان , الزرقاء , البلقاء , مادبا)

محل الإقامة (Residence) *

محافظات الشمال (اريد , عجلون , جرش , المفرق)

محافظات الوسط (عمان , الزرقاء , البلقاء , مادبا)

محل الإقامة (Residence) *

محافظات الشمال (اريد , عجلون , جرش , المفرق)

محافظات الوسط (عمان , الزرقاء , البلقاء , مادبا)

محافظات الجنوب (الكرك , معان , العقبة)

مغتربو العاصمة

جنسيات اخرى غير اردنية

Marital Status

متزوج

مطلق

ارمل

اعزب

Clear selection

* عدد الأولاد

Fill the following forms accurately

Risk factors

medical history form

covid-19 history

Risk factors

* بشكل عام , كيف تقم بصحتك

ممتازة

جيد جدا

جيد

مقبول

ضعيف

* بشكل عام , هل تتبع حمية غذائية معينة للتصين من صحتك

نعم

لا

* كم مرة تقوم بنشاط رياضي أو بدني خفيف الحركة مثل أعمال الكس والغسيل و تنظيف المنزل

كل يوم

Medical History

* هل قام طبيب بتشخيصك أو اخبارك انك تعاني من

	Yes	No
ارتفاع ضغط الدم	<input type="radio"/>	<input type="radio"/>
ارتفاع الكوليسترول أو الدهون	<input type="radio"/>	<input type="radio"/>
السكري من غير مضاعفات	<input type="radio"/>	<input type="radio"/>
السكري مع وجود مضاعفات (retinopathy, neurological complications, microvascular diseases)	<input type="radio"/>	<input type="radio"/>
Myocardial infarction (احتشاء عضلة القلب أو الجلطة القلبية)	<input type="radio"/>	<input type="radio"/>
Congestive heart Failure (ضعف عضلة القلب)	<input type="radio"/>	<input type="radio"/>
Angina (الذبحة الصدرية أو ألم حد في الصدر)	<input type="radio"/>	<input type="radio"/>
Pulmonary (جلطة على الرئة)	<input type="radio"/>	<input type="radio"/>

COVID-19

* هل سبق أن أخبرك طبيبك أو ثبتت إصابتك بفيروس كورونا؟

نعم

لا

* كم مرة أصبت بفيروس كورونا؟

Your answer _____

* كم جرعة أخذت من مطعم فيروس كورونا؟

Your answer _____

* متى كانت آخر جرعة لك من مطعم فيروس كورونا (سنة/شهر) ؟ (ادخل 999 اذا لم ياخذ اي جرعة)

Your answer _____

Preventive screening measurements

Untitled section

Preventive screening and healthcare Utilization

* في العام الماضي ، هل تلقيت لقاحًا ضد الإنفلونزا؟

- نعم
 لا

* Shingles! هل تلقيت لقاحًا ضد الحزام الناري

- نعم
 لا

* Meningococcal Vaccines هل تلقيت جرعة معززة للقاح المكورات السحائية للوقاية من مرض السحايا؟

- نعم
 لا

MESUREMENTS

Just write the total score of the following Scales used in paper format

Weight (kg) *

Your answer _____

Height (Kg) *

Your answer _____

Waist Circumference (CM) *

Your answer _____

Katz – ADL (katz independence in activity of daily living) for inside the house only

- Katz score is out of : 6 (highly independent)
- 1- bathing 1 point
- 2- dressing 1 point
- 3- toileting 1 point
- 4- transferring 1 point
- 5- continence 1 point
- 6- feeding 1 point

Total points must be mentioned in the google form , try your best to be accurate

Patient Name: _____ Date: _____
 Patient ID # _____

Katz Index of Independence in Activities of Daily Living		
Activities Points (1 or 0)	Independence (1 Point) NO supervision, direction or personal assistance.	Dependence (0 Points) WITH supervision, direction, personal assistance or total care.
BATHING Points: _____	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: _____	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING Points: _____	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: _____	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: _____	(1 POINT) Exercises complete self control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder
FEEDING Points: _____	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.
TOTAL POINTS: _____ SCORING: 6 = High (<i>patient independent</i>) 0 = Low (<i>patient very dependent</i>)		

Source:
 try this: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing. www.hartfordign.org

Katz - ADL Scale *

Your answer

Instrumental ADL – lawton brody , used outside the home

- 1- ability to use the phone 3 point
- 2- shopping 1 point
- 3- laundry 2 points
- 4- mode of transportation 3 points
- 5- food preparation 1 point
- 6- responsibility for own medications 1 point
- 7- house keeping 4 points
- 8- ability to handle finances 2 points

score must be mentioned in google form

Lawton - IADL scale *

Your answer

Patient Name: _____ Date: _____

Patient ID # _____

LAWTON - BRODY INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (I.A.D.L.)			
Scoring: For each category, circle the item description that most closely resembles the client's highest functional level (either 0 or 1).			
A. Ability to Use Telephone		E. Laundry	
1. Operates telephone on own initiative-looks up and dials numbers, etc.	1	1. Does personal laundry completely	1
2. Dials a few well-known numbers	1	2. Launders small items-rinses stockings, etc.	1
3. Answers telephone but does not dial	1	3. All laundry must be done by others	0
4. Does not use telephone at all	0		
B. Shopping		F. Mode of Transportation	
1. Takes care of all shopping needs independently	1	1. Travels independently on public transportation or drives own car	1
2. Shops independently for small purchases	0	2. Arranges own travel via taxi, but does not otherwise use public transportation	1
3. Needs to be accompanied on any shopping trip	0	3. Travels on public transportation when accompanied by another	1
4. Completely unable to shop	0	4. Travel limited to taxi or automobile with assistance of another	0
		5. Does not travel at all	0
C. Food Preparation		G. Responsibility for Own Medications	
1. Plans, prepares and serves adequate meals independently	1	1. Is responsible for taking medication in correct dosages at correct time	1
2. Prepares adequate meals if supplied with ingredients	0	2. Takes responsibility if medication is prepared in advance in separate dosage	0
3. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	0	3. Is not capable of dispensing own medication	0
4. Needs to have meals prepared and served	0		
D. Housekeeping		H. Ability to Handle Finances	
1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")	1	1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	1
2. Performs light daily tasks such as dish washing, bed making	1	2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	1	3. Incapable of handling money	0
4. Needs help with all home maintenance tasks	1		
5. Does not participate in any housekeeping tasks	0		
Score		Score	
Total score		Score	
A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women and 0 through 5 for men to avoid potential gender bias.			

Source: *try this*: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

Depression scale

Score must be mentioned in google form

Arabic CESD-R *

Your answer

مقياس مركز الدراسات الوبائية للاكتئاب










تقريبا يوميا لمدة اسبوعين	الاسبوع الماضي				فيما يلي قائمة بالطرق التي قد تكون قد شعرت أو تصرفت بها الرجاء اختيار المربعات لإبلاغ عدد المرات التي شعرت بهذه الطريقة خلال الاسبوع الماضي أو أكثر من ذلك.
	٧-٥ أيام	٤-٣ أيام	يوم أو يومين	لا إطلاقا أو أقل من يوم واحد	
٤	٣	٢	١	٠	شعيتي للطعام كنت سببة.
٤	٣	٢	١	٠	لم أتمكن من التخلص من الشعور بالكلية.
٤	٣	٢	١	٠	واجهت صعوبة في الحفاظ على التركيز فيما كنت أفعل.
٤	٣	٢	١	٠	شعرت بالاكتئاب.
٤	٣	٢	١	٠	كان نومي غير مريح.
٤	٣	٢	١	٠	شعرت بالحزن.
٤	٣	٢	١	٠	لم أستطع الاستمرار.
٤	٣	٢	١	٠	لا شيء جعلني سعيدا.
٤	٣	٢	١	٠	شعرت بأنني شخص سيء.
٤	٣	٢	١	٠	فقدت الاهتمام في أنشطتي المعتادة.
٤	٣	٢	١	٠	فنت أكثر من المعتاد.
٤	٣	٢	١	٠	شعرت بأنني أتحرك بشكل بطيء جدا.
٤	٣	٢	١	٠	شعرت بأنني مستثار.
٤	٣	٢	١	٠	تمنيت لو كنت ميتا.
٤	٣	٢	١	٠	أردت إيذاء نفسي.
٤	٣	٢	١	٠	كنت متعبا في كل الأوقات.
٤	٣	٢	١	٠	لم أحب نفسي.
٤	٣	٢	١	٠	فقدت الكثير من الوزن دون محاولة ذلك.
٤	٣	٢	١	٠	واجهت الكثير من الصعوبة في الخلود إلى النوم.
٤	٣	٢	١	٠	لم أستطع التركيز في أمور مهمة.

Translated by Jehad Rababah PhD, RN and Mohammed M. Al-Hammouri, PhD, MA-ABA, CHPE, RN

Rababah, J., Al-Hammouri, M. M., Drew, B. L., Alawawdeh, A., Dawood, Z., & Jawhar, W. E. (2020). Validation of the Arabic Version of the Center for Epidemiologic Studies Depression-Revised: A Comparison of the CESD-R and CESDR-12. *Journal of Affective Disorders*, 274, 450-456. <https://doi.org/10.1016/j.jad.2020.05.124>

تقييم نظري يقوم به طبيب او الطالب (نظرة الطيبة للمريض)

CLINICAL FRAILITY SCALE

	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally , e.g., seasonally.
	3	MANAGING WELL	People whose medical problems are well controlled , even if occasionally symptomatic, but often not regularly active beyond routine walking.
	4	LIVING WITH VERY MILD FRAILITY	Previously "vulnerable," this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms limit activities . A common complaint is being "slowed up" and/or being tired during the day.
	5	LIVING WITH MILD FRAILITY	People who often have more evident slowing , and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.
	6	LIVING WITH MODERATE FRAILITY	People who need help with all outside activities and with keeping house . Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
	7	LIVING WITH SEVERE FRAILITY	Completely dependent for personal care , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within - 6 months).
	8	LIVING WITH VERY SEVERE FRAILITY	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	9	TERMINALLY ILL	Approaching the end of life. This category applies to people with a life expectancy <6 months , who are not otherwise living with severe frailty . Many terminally ill people can still exercise until very close to death.

Rockwood Frailty Scale *

Your answer

SCORING FRAILITY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common symptoms in **mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.

Clinical Frailty Scale
©2006-2020 Rockwood,
Version 2.0 (EN). All rights reserved. For permission:
www.getrichedclinicalresearch.ca
Rockwood K et al. A global clinical measure of fitness and frailty in elderly people.
CMAJ 2005;173:489-495.

SPPB test short physical performance battery test

- A performance-based, three-part assessment to measure functional status and predict future functional decline. Assessment includes gait speed, balance, and lower extremity strength. Takes approximately 10 minutes to administer. Found on the video below :
- https://www.youtube.com/watch?v=N_rJOGhQqZ4
- You have to try it on your self before

Short Physical Performance Battery (SPPB) - Protocol

The Test explained

The short physical performance battery (SPPB) is a group of measures that combines the results of the gait speed, chair stand and balance tests (Guralnik et al., 2000). It has been used as a predictive tool for possible disability and can aid in the monitoring of function in older people. The scores range from 0 (worst performance) to 12 (best performance). The SPPB has been shown to have predictive validity showing a gradient of risk for mortality, nursing home admission, and disability.

Setting

Physiotherapy cubicle

Equipment Required

Chair with arms 18-19" in height	Stopwatch	Tape measure	2 cones to mark 2.44m
-------------------------------------	-----------	--------------	-----------------------

Method

1. Assess the safety and suitability of the participant to perform the tests. If you feel they are too unsteady or weak please do not perform the SPPB measures.

2. Repeated chair stands.

Explain "I want to see how long it takes you to stand up and sit down as quickly as possible 5 times without stopping. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. Please watch while I demonstrate.

I'll be timing you with a stopwatch"



3. Demonstrate to the patient.
4. Ask the participant if they are ready. If so, begin timing as soon as they bend forward at the hips.
5. Count out loud the number of sits the participant has performed.
6. Stop the stop watch when they have sat down having completed the 5th stand. Also stop if the participant starts to use their arms, or after 1 minute they have not completed the test. Stop if the participant can not complete 5 rises, and if you are concerned about the participant's safety. Record the number of seconds and the presence of imbalance. Then complete scoring according to outcome measure template.

7. Balance Testing

Explain "We will now look at your standing balance. We want to know if you can stand unsupported for 10 seconds with your feet in a certain position".

8. Demonstrate the positions 1, 2 and 3 only

**Feet
Together**



**Semi
Tandem**



**Full
Tandem**



9. Explain *"Begin with feet together beside each other. I want you to try to stand with your feet together, side by side, for about 10 seconds. Please watch while I demonstrate. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop"*.

Stand next to the participant to help him or her into the side-by-side position. Allow participant to hold onto your arms to get balance. Begin timing when participant has feet together and let's go of your arm.

If they are able to complete 10 seconds progress to semi-tandem stand.

10. Repeat in semi tandem stand (heel of one foot placed by the big toe of the other foot). Explain *"Now I want you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you. Please watch while I demonstrate"*. Demonstrate.