

Respondent	Patients should be asked an open ended question allowing them to express their personal goals for care.	Patients should be asked about their marital status.	Patients should be asked about their living arrangement (alone, with spouse, with family, etc.).	Patients should be asked about changes in their living arrangement.
A	5	3	5	5
B	5	4	5	3
C	5	5	5	5
D	4	3	4	5
E	5	5	5	5
F	5	1	4	4
G	4	3	4	5
H	4	2	5	3
I	5	5	5	5
J	5	3	5	4
K	5	4	5	5
L	5	5	5	5
M	5	4	4	4

Respondent	Patients should be asked about their memory/recall ability.	Patients should be asked about changes to their mental status.	Patients should be asked about their ability to communicate with others.	Patients should be asked about their hearing and vision.
A	5	5	4	5
B	5	5	3	5
C	5	5	5	5
D	4	4	4	5
E	5	5	5	5
F	4	3	5	4
G	4	3	3	5
H	4	5	3	4
I	5	5	5	5
J	5	4	4	4
K	5	4	5	5
L	5	5	5	5
M	4	4	4	3

Respondent	Patients should be asked about their mood (feeling depressed, anxious, or sad).	Patients should be asked about their social relationships.	Patients should be asked about feeling lonely.	Patients should be asked about changes in their social activities.
A	5	2	5	2
B	5	3	5	4
C	5	3	5	5
D	4	4	5	4
E		5	5	5
F	4	3	4	3
G	4	4	5	5
H	4	4	4	3
I	5	5	5	5
J	4	5	5	5
K	5	5	5	5
L	5	5	5	5
M	4	4	4	5

Respondent	Patients should be asked about the amount of time they are alone during the day.	Patients should be asked about the amount of time they are alone during the night.	Patients should be asked about major stressors (severe illness, loss of income, victim of crime, loss of licence, illness of family, etc).	Patients should be asked about instrumental activities of daily living (IADL) (meal preparation, daily housework, managing finances,
A	5	5	5	5
B	3	3	5	5
C	5	5	5	5
D	4	4	5	4
E	5	5	5	5
F	3	4	3	5
G	5	5	5	5
H	3	4	4	3
I	5	5	5	5
J	4	3	4	5
K	5	5	5	5
L	5	5	5	5
M	4	2	5	4

Respondent	Patients should be asked about activities of daily living (ADL) (bathing, dressing, hygiene, walking etc).	Patients should be asked about mobility (how they move about).	Patients should be asked about physical activity (exercise).	Patients should be asked about recent changes in ability to perform activities of daily living (ADL) (bathing, dressing, hygiene, walking etc)..
A	5	5	5	5
B	5	5	5	5
C	5	5	5	5
D	4	5	5	5
E	5	5	5	5
F	4	4	5	5
G	5	4	4	5
H	4	5	4	4
I	5	5	5	5
J	4	5	4	5
K	5	5	5	5
L	5	5	5	5
M	4	4	4	4

Respondent	Patients should be asked whether or not they drive.	Patients should be asked about changes in their ability to drive.	Patients should be asked about their continence (urinary).	Patients should be asked about their medical history (disease diagnoses).
A	5	5	5	5
B	4	4	4	5
C	5	5	5	5
D	3	4	5	5
E	5	5	5	5
F	3	3	4	5
G	2	2	5	5
H	3	3	4	5
I	5	5	5	5
J	5	5	4	5
K	4	4	4	5
L	5	4	5	5
M	3	3	2	5

Respondent	Patients should be asked whether they have recently fallen.	Patients should be asked whether they experience medical problems (signs or symptoms of medical conditions that have or have not been diagnosed)	Patients should be asked about pain symptoms.	Patients should be asked about the stability of their medical conditions.
A	5	5	5	5
B	5	5	5	3
C	5	5	5	5
D	5	4	4	4
E	5	5	5	5
F	5	5	5	5
G	5	5	5	4
H	5	4	4	4
I	5	5	5	5
J	5	5	4	4
K	5	5	4	5
L	5	5	5	5
M	5	5	4	4

Respondent	Patients should be asked to self-rate their health.	Patients should be asked about tobacco and alcohol use.	Patients should be asked about their diet.	Patients should be asked about weight loss.
A	5	5	5	5
B	5	3	4	4
C	5	5	5	5
D	5	5	5	4
E	5	5	5	5
F	5	4	4	5
G	3	4	5	5
H	4	4	3	4
I	5	5	5	5
J	3	4	4	4
K	5	5	5	5
L	5	5	5	5
M	4	4	4	4



Respondent	Patients should be asked about the prescription medications that they take.	Patients should be asked about adherence to prescription medications.	Patients should be asked about preventative treatments or procedures (eye exam, dental exam, vaccines, mammography, colonoscopy, etc).	Patients should be asked about ongoing treatments or procedures (radiation, transfusions, dialysis, etc).
A	5	5	2	5
B	3	4	3	3
C	5	5	5	5
D	4	5	4	5
E	5	5	5	5
F	5	5	4	5
G	5	4	4	5
H	5	5	3	4
I	5	5	5	5
J	5	4	5	5
K	5	5	5	5
L	5	5	5	5
M	5	5	4	5

Respondent	Patients should be asked about ongoing formal care (home health aides, homemaking, physical therapy, occupational therapy, etc).	Patients should be asked about use of hospital services (inpatient, outpatient, emergency department visit, etc).	Patients should be asked about use of paramedic services (transport, non-transport, other).	Patients should be asked about use of community services (public health, social services, etc.).
A	5	4	3	4
B	3	5	5	5
C	5	5	5	5
D	4	4	4	5
E	5	5	5	5
F	4	5	3	4
G	5	4	4	4
H	5	5	5	5
I	5	5	5	5
J	4	4	4	5
K	5	3	3	5
L	5	5	5	5
M	4	4	4	5

Respondent	Patients should be asked whether family or close friends feel overwhelmed by their condition.	Patients should be asked whether they have supportive family or close friends.	Patients should be asked about their home environment (disrepair, safety, inadequate heating or cooling, etc.)	Patients should be asked about making trade-offs due to finances (food vs shelter, shelter vs clothing, clothing vs medications, etc).
A	4	5	5	4
B	5	5	3	4
C	5	5	5	5
D	3	5	3	0
E	5	5	5	5
F	5	4	4	3
G	4	4	5	5
H	4	4	5	3
I	5	5	5	5
J	4	4	3	3
K	4	5	5	5
L	5	5	5	2
M	3	5	4	4

Respondent	Patients should be asked about disordered thought (irritability, inappropriate behaviours, drug or alcohol intoxication).	Patients should be asked about insight into their mental health problems (when applicable).	Patients should be asked about police involvement in mental health crisis (when applicable).	Patients should be asked about ideation for harm to self or others (when applicable).
A	5	5	5	5
B	4	4	2	4
C	5	5	3	5
D	4	4	3	3
E	5	5	5	5
F	4	4	4	5
G	4	4	4	4
H	4	5	4	5
I	5	5	5	5
J	3	4	3	4
K	5	5	3	4
L	5	5	5	5
M	4	4	2	4