

GERIATRIC SELF ASSESSMENT

In the last six months, I have suffered the following:

	Yes	No
1. Hearing. I hear, but don't understand; It is difficult for me to hear in public places.		
2. Movement of arms and legs. Decreased strength, hand tremors, pain on flexion and extension of the arms, difficulty changing position.		
3. Emotions. I cry often; I don't do everyday activities with the same attitude as before or I have stopped doing things I liked before.		
4. Vision. Do I see blurry even with glasses? I cannot read small print.		
5. Body weight I have lost five or more kilos (11 lb) in the last six months. I have less appetite lately, I have lost weight without this purpose.		
6. I need help bathing, dressing, eating or moving from one place to another within my house.		
7. I need help dialing the phone, making accounts, purchases or payments, taking my medicine or taking care of my home.		
8. I have urinary leakage or accidental fecal incontinence.		
9. I have fallen two or more times during the past year.		
10. Memory I can hardly find words in normal conversation, I have frequently forgotten stuff, I have lost my ability to perform daily activities..		

If you answered yes to three or more of these questions or know any relative with any of these problems, we suggest you to go to the CIDyT, to perform a comprehensive geriatric assessment.