

Living Functions Assessment Sheet

(For those aged 65 or older and not receiving care under the nursing care insurance)

Paste the Living Functions Assessment ticket here.

Those certified as being in need of care (Yo-shi-en) levels 1 to 5

Not required to receive the Living Functions Assessment (Finish the questionnaire)

Those not certified as being in need of care or not confirming the certification status of need

(This document comprises of 3 copies. Please use a ballpoint pen and write firmly.) I understand the purpose of this examination and agree that the contents may be sent to the regional health support center (Chiiki Hokatsu Shien Center).

* The private information provided in this sheet will not be used for any purpose other than that stated above.

Name _____ Male / Female

Date of birth: Month Day Year

(Age:)

Tel : ()

Date of exam: Month Day Year

Please answer the questions (1-25) enclosed within the heavy-line frame below.

Basic Checklist (Circle "Yes" or "No" in each answer column)

NO.	Question	Answer		NO.	Question	Answer	
1	Do you go out alone by bus or train?	0. Yes	1. No	16	Do you go out at least once a week?	0. Yes	1. No
2	Do you shop for daily necessities?	0. Yes	1. No	17	Do you go out less frequently than you did last year?	1. Yes	0. No
3	Do you make deposits and withdrawals at the bank?	0. Yes	1. No	18	Are you becoming forgetful? Do people say that you often repeat yourself?	1. Yes	0. No
4	Do you visit your friends?	0. Yes	1. No	19	Do you look up telephone numbers and make phone calls?	0. Yes	1. No
5	Do you discuss things with your family and/or friends?	0. Yes	1. No	20	Do you sometimes forget what day and month it is today?	1. Yes	0. No
②	6 Do you climb stairs without holding the handrail or leaning against the wall?	0. Yes	1. No	① Sum of points for No. 1-20		points	
	7 Do you rise from a seated position in a chair without holding on to anything?	0. Yes	1. No	21	(In the last 2 weeks) Do you feel that life is unfulfilling?	1. Yes	0. No
	8 Do you walk continuously for 15 minutes?	0. Yes	1. No	22	(In the last 2 weeks) Do you find no pleasure in things you use to enjoy?	1. Yes	0. No
	9 Have you fallen during the past year?	1. Yes	0. No	23	(In the last 2 weeks) Is it too much trouble to do things you used to do easily?	1. Yes	0. No
	10 Do you have a strong fear of falling?	1. Yes	0. No	24	(In the last 2 weeks) Do you feel you are useless?	1. Yes	0. No
③	11 Have you lost more than 2-3 kg in the past 6 months?	1. Yes	0. No	25	(In the last 2 weeks) Do you feel tired for no apparent reason?	1. Yes	0. No
	12 Height _____ kg (BMI = _____) Wight _____	1. 18.5 or less		* The following will be completed by the medical facility.			
④	13 Is it more difficult for you to eat hard food than it was six months ago?	1. Yes	0. No	Serum Albumin	() g/dl	Result: Normal Abnormal (3.8 g/dl or less)	
	14 Do you sometimes choke on tea, soup or other liquids?	1. Yes	0. No	Visual inspection of mouth	(Observation)	Result: Normal Abnormal	
	15 Are you bothered by dry mouth?	1. Yes	0. No	Joint palpation	(Observation)	Result: Normal Abnormal	
				Repeated swallowing test	(Observation)	Result: Normal Abnormal (Less than 3 times/30 sec)	
				Blood pressure	/ mmHg	Antihypertensive medication Yes / No	
				Anemia	Red blood count	×10 ⁶ /μl	
					Hemoglobin	g/dl	
					Hematocrit	%	
				ECG	(Observation)	Normal / Abnormal	

* Please also carry out the tests within the right double-line frame for those who need single living function assessment.⇒

I Results of the above checklist

①	②	③	④
10 or more points for items No. 1-20	3 or more points for items No. 6-10	1 point each for both items No. 11-12	2 or more points for items No. 13-15
	Improve physical function	Improve nutrition	Improve swallowing function
			Senior citizens consultation center

II Results of judgment for those with items checked in sections 1-4 above

Appropriateness of using the program from a medical perspective (Circle a proper one, A or B)

- A. Participation in function improvement activities recommended.
 B. Participation in the function improvement activities checked in the right column is not suitable for medical reasons. ⇒

* Please check function improvement activities not suitable for this person.

- All
 Improve physical function
 Improve nutrition
 Improve swallowing function
 Other ()

Notes: Caution for participation in function improvement activities

Medical institution in charge

Physician's name

Tel ()

Reference No.

(To Minato City)