**SYSTEMS REVIEW**

As you review the following list, please check any of those problems the patient may be expressing or have experienced. If none of the problems listed in a section apply, please check none.

**GENERAL: LYMPHATIC: SKIN:**

\_\_ Recent weight gain \_\_ Swollen glands \_\_ Easy brusing

\_\_ Recent weight loss \_\_ Tender glands \_\_ Rash

\_\_ Fatigue \_\_ None \_\_ Hives

\_\_ Fever \_\_ Sun sensitivity

\_\_ Bleeding **HEART AND LUNGS:** \_\_ Tightness

\_\_ Night sweats \_\_ Pain in chest \_\_ Nodules/bumps

\_\_ None \_\_ Irregular heart beat \_\_ Hair loss

 \_\_ Shortness of breath \_\_ Color changes of

**EYES:** \_\_ Difficulty in breathing at night hand or feet in the cold

\_\_ Pain \_\_ Swollen legs or feet \_\_ None

\_\_ Loss of vision \_\_ Blood clots in legs

\_\_ Double or blurred vision \_\_ High blood pressure **MUSCLES/JOINTS/BONES**

\_\_ Dryness \_\_ Heart murmurs \_\_ Morning stiffness

\_\_ None \_\_ Cough \_\_ Joint pain/swelling

 \_\_ Coughing up blood \_\_ Muscle tenderness

**EARS/NOSE/MOUTH/THROAT:** \_\_Wheezing \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Ringing in ears \_\_ None \_\_ None

\_\_ Loss of hearing

\_\_ Loss of smell **STOMACH AND INTESTINES:**

\_\_ Sinus infection \_\_ Nausea/vomiting **ENDOCRINE:**

\_\_ Sores in mouth \_\_ Stomach pain \_\_ Thyroid problems

\_\_ Loss of taste \_\_ Yellow jaundice \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Dryness \_\_ Increasing constipation \_\_ None

\_\_ Hoarseness \_\_ Persistent diarrhea

\_\_ Difficulty swallowing \_\_ Heartburn

\_\_ None \_\_ None **MOOD:**

 \_\_ Depression/sadness

**KIDNEY/URINE/BLADDER:** \_\_ Anxiety/nervousness

\_\_ Urinary tract Infections \_\_ None

\_\_ Urgency **SLEEP ABNORMALITIES:**

\_\_ Incontinence (losing urine \_\_ Daytime sleepiness

\_\_ Discharge from penis/vagina \_\_ Snoring

\_\_ Rash/ulcer \_\_ None

\_\_ Prostate trouble

\_\_ None

 Please circle the responses for each activity that best describes the patient’s abilities.

 Make any specific comments in area next to activity:

1. - Eating

0 - No problem

1 - Independent, but slow or some spills

2 - Needs help to cut or pour; spills often

3 - Must be fed most foods

 2. Bathing / Dressing / Personal Appearance

 0 - No problem-Interested in appearance-looks neat and well groomed

1 - Bathes but needs to be reminded, interested in appearance when going out

 2 - Bathes self with assistance, not interested in appearance at home

1. - Must be bathed by others, may or may not be resistant
2. - Has problems remembering to brush teeth, comb hair, shave, clip nails
3. - Puts clothing on in wrong sequence, forgets items, clothing not appropriate for

weather outside

 3. Elimination

0 - Goes to bathroom independently

1 - Goes to bathroom when reminded; some accidents - wetting or soiling self

2 - Needs assistance for elimination

 3 - Has no control over either bowel or bladder

 4. Taking Medications

0 - Remembers without help

1 - Remembers if dose is kept in a special place like a pill box

2 - Needs spoken or written reminders

3 - Must be given medication by others 4 - Resistant to taking medication

 5. Meal preparation

0 - Plans and prepares meals without difficulty

1 - Some cooking, but less than usual, or less variety

2 - Burns food left on stove, oven or microwave. May leave water running

3 - Gets food only if it has already been prepared

4 - Never cooked before

 6. Housekeeping

0 - Keeps house neat and clean as usual 1 - Does at least half of usual tasks

2 - Supervises others to do chores that can no longer be done physically

3 - No longer does any maintenance or housekeeping tasks

7. Recreation

0 - Same outside activities as before / Never engaged in recreational activities

1 - Engages in recreational activities less frequently than before-needs to be

 persuaded to get out. Prefers staying home

 2 - Has lost some skills needed for recreational activities; needs coaxing to

 participate

8. Travel

0 - Same as usual-Driving as before. No accidents or fender benders. Use CTA

 or Metra without problems

1 - Can travel only if accompanied by another person

 2 - ls driving but does not drive safely or has gotten lost

 3 - Homebound - goes out only to doctor appointments

9. Food / clothing shopping

 0 - No problem

1 - Forgets items or buys unnecessary items

2 - Needs to be accompanied when shopping, unable to get items needed

3 - Does not participate in any shopping

10. Handling money

0 - No problem paying bills, banking

1 - Has difficulty paying bills: forgets to pay on time, can't write checks

 correctly

2 - Forgets to pay bills; cannot balance checkbook, needs help from others

3 - No longer manages any finances

4 - Never had responsibility for this activity

11. Talking, Conversations, Speech 0 - Same as usual

 1 - Less talkative; has trouble thinking of words or names

 2 - Makes occasional errors in speech (mispronounces or substitutes the wrong

 word)

1. - Has difficulty communicating has difficulty understanding what is said

12. Writing

0 - Same as usual

1 - Writes less often; makes occasional spelling errors

2 - Signs name but no other writing

3 - Never writes or never wrote much in the past

 13. Telephone use

 0 - Same as usual

 1 - Calls a few familiar numbers

 2 - Will only answer phone and won't make calls

 3 - Doesn't use phone at all