

# ASSESSMENT – OPTI-Q

The aim of this assessment is to determine your patient's current health status using structured questions that enable a holistic anamnesis of your patient.

The findings from this assessment provide a basis for the general practitioner to develop a comprehensive care plan, taking into account the patient's goals from the care passport.

The core team decides which healthcare professional carries out the assessment. Ideally, it should be a person who also has the trust of the patient.

## How can this assessment be introduced to the patient?

*«We will now conduct a holistic assessment of your general health and your performance in everyday life. The aim is to identify important problems at an early stage. Some of the questions have predefined answers. I will read the questions to you first. Then I will ask you to choose the answer that is most likely to apply to you.»*

### **Instructions on how to conduct the assessment:**

***If the patient's answer is highlighted in grey, please also tick the box on the right, so that this issue can be clarified in more detail during the consultation with the physician.***

*(Please fill out or stick on label)*

Date:	Start time:
Name of the patient: Date of birth: Patient-ID:	

## 1. A Daily activities

Need for  
clarification

In the past two weeks, how much difficulty did you have performing your usual daily activities, inside and /or outside of your home?

- No difficulty   
 Slight difficulty   
 Some difficulties  
 Considerable difficulties   
 Could not do any activities

## 1. B Vision

Do you have difficulty reading newspaper print – even with glasses?

- Yes   
 No

Do you have difficulty recognizing people on the other side of the road – even with glasses?

- Yes   
 No

## 1. C Hearing

Do you have difficulty hearing conversations (even with a hearing aid)?

- Yes   
 No

## 1. D Falls

Do you have difficulty getting out of bed / lying down in bed or getting up from a chair / sitting down on a chair?

- Yes   
 No

Do you have difficulty walking or have any balance issues?

- Yes   
 No

Have you had two or more falls in the last 12 months?

- Yes   
 No

→ If at least one of the three questions was answered with «yes», the [«Timed 'Up and Go'-Test»](#) can be conducted.

## 1. E Urinary incontinence

Need for clarification

Have drops of urine ever leaked from your bladder when coughing, sneezing, laughing, walking or bending over?

Never  Rarely  Sometimes  Often  Always

Does it happen that you cannot reach the toilet in time?

Never  Rarely  Sometimes  Often  Always

→ If the patient is male, the following questions should also be asked:

Do you have to strain to be able to relieve yourself?

Never  Rarely  Sometimes  Often  Always

Does it happen that drops still leak out after you have finished urinating?

Never  Rarely  Sometimes  Often  Always

## 1. F Depression

Points

→ Score: Please indicate in the right-hand column the number of points in the brackets.

Over the past 2 weeks, how often have you been bothered by any of the following problems?

I Little interest or pleasure in doing things

Not at all (0)  Several days (1)  
 More than half of the days (2)  Nearly every day (3)

.....

II Feeling down, depressed, or hopeless

Not at all (0)  Several days (1)  
 More than half of the days (2)  Nearly every day (3)

.....

→ If at least one of the previous two questions was answered with «several days» or more, questions III – IX should be gone through:

III Trouble falling or staying asleep, or sleeping too much

Not at all (0)  Several nights (1)  
 More than half of the nights (2)  Nearly every night (3)

.....

IV Feeling tired or having little energy

Not at all (0)  Several days (1)  
 More than half of the days (2)  Nearly every day (3)

.....

V Poor appetite or overeating

Not at all (0)  Several days (1)  
 More than half of the days (2)  Nearly every day (3)

.....

	Points
<p><b>VI Feeling bad about yourself; or that you are a failure or have let yourself or your family down</b></p> <p><input type="checkbox"/> Not at all (0)                      <input type="checkbox"/> Several days (1)</p> <p><input type="checkbox"/> More than half of the days (2)      <input type="checkbox"/> Nearly every day (3)</p>	.....
<p><b>VII Trouble concentrating on things, such as reading the newspaper or watching television</b></p> <p><input type="checkbox"/> Not at all (0)                      <input type="checkbox"/> Several days (1)</p> <p><input type="checkbox"/> More than half of the days (2)      <input type="checkbox"/> Nearly every day (3)</p>	.....
<p><b>VIII Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?</b></p> <p><input type="checkbox"/> Not at all (0)                      <input type="checkbox"/> Several days (1)</p> <p><input type="checkbox"/> More than half of the days (2)      <input type="checkbox"/> Nearly every day (3)</p>	.....
<p><b>IX Thoughts that you would be better off dead, or of hurting yourself</b></p> <p><input type="checkbox"/> Not at all (0)                      <input type="checkbox"/> Several days (1)</p> <p><input type="checkbox"/> More than half of the days (2)      <input type="checkbox"/> Nearly every day (3)</p>	.....
<p>→ Score:</p> <p><b>0 – 4 Points: no depression</b></p> <p><b>5 – 9 Points: suspected mild depression</b></p> <p><b>10 – 14 Points: suspected moderate depression</b></p> <p><b>15 – 27 Points: suspected severe depression</b></p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>Total score of questions I – IX:</b></p> </div> <p><b>Need for clarification</b></p> <p><input type="checkbox"/></p>

## 1. G Social environment

<p><b>Do you have someone to take care of you in case of an emergency, e.g. a fall?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not sure</p>	<input type="checkbox"/>
<p><b>Do you have someone you can rely on or you can confide in?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not sure</p>	<input type="checkbox"/>

## 1. H Cognitive performance test

→ Please provide the patient with the sheet with the pre-drawn circle from page 6.

→ Give the patient the following instructions:

«This circle represents the face of a clock. To complete it, please write the missing digits/numbers on the clock. After that, please draw the hands indicating the time **11:10 am.**»

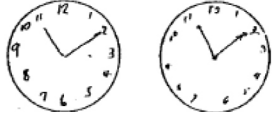
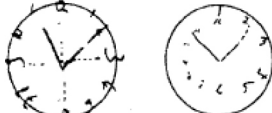
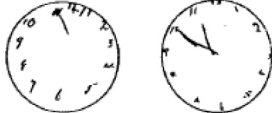

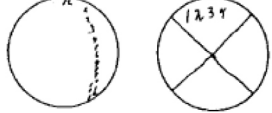
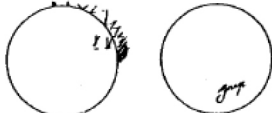
→ You can repeat the instructions before the test starts, but not during the test.

Patient declines

→ Score:

Please evaluate the patient's drawing according to the criteria (score) below.

(1=no mistakes, 6=no clock recognizable)

Description	Score	
<p><b>«Perfect»</b></p> <p>→ Digits 1 – 12 correctly placed</p> <p>→ Two hands showing the correct time (11:10h)</p>	1	
<p><b>«Minor visuospatial errors»</b></p> <p>→ Mildly impaired spacing of times</p> <p>→ Draws times outside circle</p> <p>→ Turns page while writing numbers so that some numbers appear upside down</p> <p>→ Draws in lines (spokes) to orient spacing</p>	2	
<p><b>«Inaccurate representation of 10 after 11 when visuospatial organisation is perfect or shows only minor deviations»</b></p> <p>→ Minute hand points to 10</p> <p>→ Writes «10 past 11»</p> <p>→ Unable to make any denotation of time</p>	3	
<p><b>«Moderate visuospatial disorganisation making a correct drawing of the clock impossible»</b></p> <p>→ Moderately poor spacing</p> <p>→ Omits numbers</p> <p>→ Perseveration: repeats circle or continues on past 12</p> <p>→ Right-left reversal (numbers written counter-clockwise)</p> <p>→ Dysgraphia – unable to write numbers accurately</p>	4	
<p><b>«Severe level of visuospatial disorganisation as described in 4»</b></p> <p>→ As described under (4), but more pronounced</p>	5	
<p><b>«No reasonable representation of a clock (exclude depression or other psychotic states)»</b></p> <p>→ No attempt at all</p> <p>→ No semblance of a clock at all</p> <p>→ Writes a word or name</p>	6	

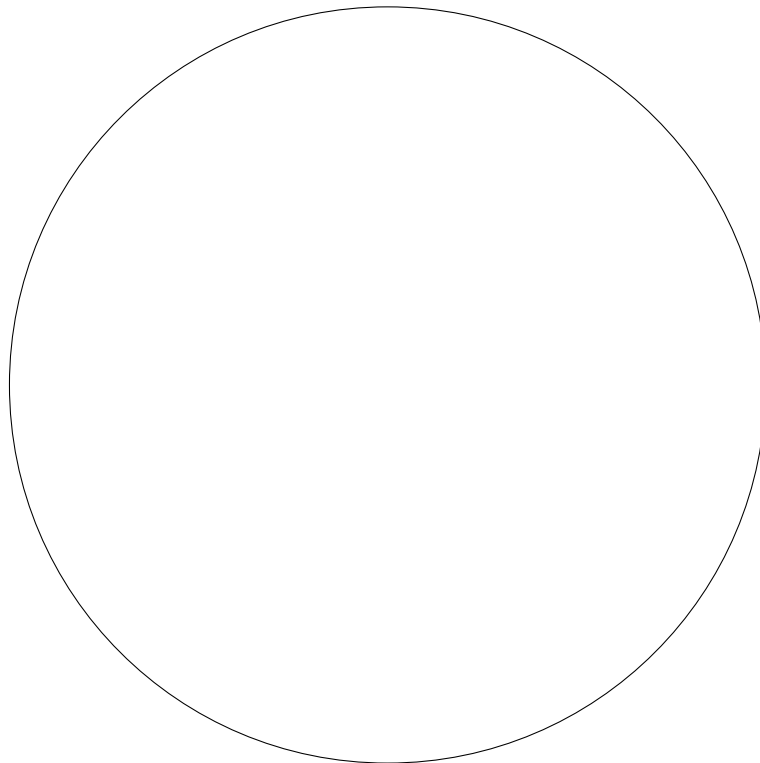
## 1. H Cognitive performance test – Appendix

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→ Circle for the clock test

*To print*

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→ Scoring:

Need for clarification

Score

1    2    3    4    5    6

Date:

Name of the patient:

Date of birth:

Patient-ID:

## 2. Pain

Need for  
clarification

Have you had any pain in the past four weeks?

Yes  No

→ If the answer is «yes» more in-depth questions should be asked:

How strong was your pain?

Mild  Moderate  Severe

Has the pain interfered with your daily activities in any way?

No  Slightly  Somewhat  Greatly

## 3. Dizziness

Do you ever feel dizzy?

No  Sometimes  Often  (Almost) constantly

→ If the answer is «sometimes», «often» or «(almost) constantly»,  
the following questions should be asked:

Is the dizziness directed in a single direction or is it non-directional («storm»)?

One direction  Non-directional

When did you first experience this dizziness?

Has this dizziness interfered with your daily activities in any way?

No  Slightly  Somewhat  Greatly

## 4. Unwanted weight loss

Points

→ Scoring: Please indicate in the right-hand column the number or points in the brackets.

In the past three months, have you eaten less due to loss of appetite, digesting problems, difficulty chewing or swallowing?

- Strong decrease in food intake (0)
- Mild decrease in food intake (1)
- No decrease in food intake (2)

.....

In the past three months, have you unintentionally lost weight?

- Weight loss > 3 kg (0)                       Unknown (1)
- Weight loss 1-3 kg (2)                       No weight loss (3)

.....

Mobility – are you:

- Bedridden or in a wheelchair (0)
- Able to move around your home (1)
- Able to leave your home (2)

.....

In the past three months, did you suffer from an acute illness or mental stress?

- Yes (0)     No (2)

.....

Do you suffer from memory problems or mood swings?

- Severe memory problems or mood swings (0)
- Mild memory problems or mood swings (1)
- None (2)

.....

Body Mass Index (BMI):

Body weight: ..... kg / (Height: ..... m)<sup>2</sup> = BMI value .....

- BMI < 19 (0)                                       19 ≤ BMI < 21 (1)
- 21 ≤ BMI < 23 (2)                               BMI ≥ 23 (3)

.....

→ Score:

(max. 14 points)

Total:

12 – 14 points: normal nutrition status

8 – 11 points: risk for malnutrition

0 – 7 points: malnutrition

Need for clarification

→ If there is no risk for malnutrition the following questions regarding nutrition can be asked. If there is a risk for malnutrition the following questions regarding nutrition are irrelevant and the GP should carry out further examinations and/or the patient should be referred to a nutritionist.



## 5. Nutrition

Need for clarification

→ The following questions refer to the recommendations of the Swiss food pyramid. The portions indicated are for adults and are given as a guide. Depending on the energy requirements (which depend on age, sex, height, physical activity, etc.), possible illnesses or the type of diet (vegan, vegetarian, etc.) of each individual, the portions may be larger or smaller.

**On a normal day, how much water (sparkling or still mineral water, tap water) and how much coffee or tea (herbal tea, black tea, green tea, etc.) do you drink?**

- None
  2.5 – 5 dl
  Up to 1 litre
  1 – 2 litres
  More than 2 litres

**How many portions of fruit (raw, cooked or as unsweetened juice) do you eat / drink on a normal day?**

- None
  1 – 2
  2 or more

**How many portions of vegetables (raw, cooked or as unsweetened juice) and salad do you eat / drink on a normal day?**

- None
  1 – 2
  2 or more

→ **Explanation:** The recommended 5 portions of fruit, vegetables and salad are divided into 2 portions of fruits and 3 portions of vegetables / salad. One portion is about 1 handful. 1 portion of juice corresponds to 1 dl, but in general we drink the content of a glass, which represents 2 dl and therefore 2 portions.

**How many portions of milk and milk products do you eat / drink on a normal day?**

- None
  1
  2
  3
  3 or more

→ **Explanation:** 1 portion corresponds to 2 dl of milk or 150 – 200 g of yoghurt / curd / cottage cheese / other dairy products or 30 g of hard / semi-hard cheese or 60 g of soft cheese.

**How many portions of meat / chicken / cold cuts / fish / egg / tofu / etc do you eat on a normal day?**

- None
  1
  2
  3
  3 or more

→ **Explanation:** 1 portion corresponds to 100 – 120 g of meat / poultry / fish / tofu / seitan / Quorn (fresh weight) or 2 – 3 eggs or 30 g of hard / semi-hard cheese or 60 g of soft cheese or 150 – 200 g of curd / cottage cheese

**Would you like to know more about nutrition? Do you need support (e.g. nutritional advice)?**

- Yes
  No

→ If necessary, the GP can refer the patient to a dietician. You can find dieticians recognised by the Swiss health insurances by clicking on the following link (in German): <https://svde-asdd.ch/beraterinnen-suche/>

## 6. Activities of daily living

**Need for clarification**

**In the past 7 days, did you require assistance doing any of the following activities:**

- |  |  |
|--|--|
| <input type="checkbox"/> Personal hygiene (incl. washing your face, combing hair, shaving, applying make-up, brushing teeth) | <input type="checkbox"/> Using the toilet                |
| <input type="checkbox"/> Bathing / Showering   | <input type="checkbox"/> Eating                          |
| <input type="checkbox"/> Dressing and undressing   | <input type="checkbox"/> Cooking                         |
| <input type="checkbox"/> Walking   | <input type="checkbox"/> Household duties                |
| <input type="checkbox"/> Shopping  | <input type="checkbox"/> Laundry                         |
| <input type="checkbox"/> Making phone calls  | <input type="checkbox"/> Taking medication               |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Other activities of daily life: |
| <input type="checkbox"/> Finances  |  |

- I do not require any assistance for my activities of daily living

→ Please tick the box for the need for clarification if one of the above activities is mentioned as requiring assistance.

→ If assistance in doing activities of daily life is required, more in-depth questions should be asked:

**Why do you require assistance for these activities?**

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**Until now, who has been assisting you with these activities?**

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**Do you think that this person is willing and capable of assisting you long term or would you appreciate if this assistance could be organised differently?**

---

**Would you like to receive some support?**

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## 7. Mobility and flexibility

→ The answers to the physical activity questions should then be assessed by the GP.

In the past 7 days, how many days have you physically exercised?

..... days

On the days mentioned above, how long did you exercise?

..... minutes per day

What was the average intensity of your physical activity?

- Light (e.g. slow walking)
- Moderate (e.g. fast walking)
- High (slow jogging, swimming)
- Very high (fast running or climbing stairs)
- Currently no physical activity

→ If necessary, as a supplementary measure, carry out the [«Sit-To-Stand-Test»](#) (page 2).

## 8. Substance abuse behaviour

Need for  
clarification

### Alcohol

In the past 7 days, have you consumed beer, wine, liquor or other alcohol?

Yes  No

→ If the answer is «yes», more in-depth questions should be asked:

How much do you drink a day on average?

..... units

*Definition of a unit: 3dl of beer, 1dl of wine, 0.2 dl of liquor*

→ If the indicated number of units is  $\geq 2$ , the following questions should be asked:

Have you ever felt you needed to cut down on your drinking?

Yes  No

Have people annoyed you by criticizing your drinking?

Yes  No

Have you ever felt guilty about your drinking?

Yes  No

Have you ever felt you needed to drink first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover?

Yes  No

→ At least two positive answers indicate a possible problem related to excessive alcohol consumption.

### Tobacco and tobacco substitutes

In the last 30 days, have you consumed tobacco or tobacco substitutes?

Yes  No

→ If the answer is «yes» more in-depth questions should be asked:

How much tobacco have you consumed on average per day?

..... cigarettes (or other tobacco products such as Snus or e-cigarettes)

Would you be interested in quitting smoking?

Yes  No

Have you ever considered consuming nicotine in a more low-risk form (e.g. nicotine patches or gums)?

As an intermediate step or to quit smoking?

## Medicine and other substances

Points

→ Scoring: Each «yes» is worth 1 point

**I In the past 12 months, have you used medicines and other substances, that have not been prescribed to you, i.e. not prescribed at all or prescribed to you but you are taking a larger amount (e.g. benzodiazepines and benzodiazepine analogues [zolpidem and zopiclone and zopiclone], some painkillers, antidepressants, antipsychotics, Ritalin, etc.)?**

Yes  No  I don't know

→ If the answer is «Yes» or «I don't know» more in-depth questions should be asked:

**II Are you taking more than one medicine / substance at a time?**

Yes  No

**III Would you be unable to stop using these medicines / substances even if you wanted to?**

Yes  No

**IV Have you ever had blackouts or flashbacks as a result of your medicine / substance use?**

Yes  No

**V Do you ever feel bad or guilty about your medicine / substance use?**

Yes  No

**VI Does your spouse (or your parents / children) ever complain about your medicine / substance use?**

Yes  No

**VII Have you neglected your family because of your medicine / substance use?**

Yes  No

**VIII Have you engaged in illegal activities in order to obtain medicine / substance?**

Yes  No

Points

**IX Have you ever experienced withdrawal symptoms when you stopped taking the medicine / substance?**

Yes  No

.....

**X Have you ever had medical problems as a result of your medicine / substance use (e.g. memory loss, hepatitis, convulsions, bleeding)?**

Yes  No

.....

→ **Scoring:**

Each «Yes» is worth one point

Total:

**0 points: No problems**

**1 – 2 points: low level** → *Monitor, re-assess at a later point*

**3 – 5 points: moderate level** → *Further investigation*

**6 – 8 points: substantial level** → *Intensive assessment*

**9 – 10 points: severe level** → *Intensive assessment*

**Need for clarification**

## 9. Sexuality

**A May I ask you some questions regarding your sexuality or would you prefer to talk about this with your GP?**

Yes, fine with me

No, I prefer to discuss this with my GP

No, I prefer not to discuss this topic

→ **If the answer is «No», you can end the assessment.**

→ **If the answer is «Yes», the following questions should be asked:**

**B Are you currently satisfied with your sex life?**

Yes  No

→ **If the answer is «Yes», you can skip to question 9.D:**

→ **If the answer is «No», the following question should be asked:**

**C Would you like to discuss this topic in more detail?**

Yes  Don't know  No

**Who would you like to discuss the topic with?**

**D Are you sexually active?**

Yes  No (currently not)

→ **If the answer is «No», you can end the assessment.**

→ **If the answer is «Yes», the following questions should be asked:**

**Need for clarification**

**E How do you protect yourself against sexually transmitted diseases (STD)?**

**F Have you ever had an STD?**

 Yes     No

→ If the answer is «No» you can end the assessment.  
 → If the answer is «Yes», the following questions should be asked:

**G Which one?**

**H Did you get treated or are you currently being treated against it?**

 Yes     No

**Closing comments:**

<i>End time:</i>	<i>Duration:</i>
<i>Name of the healthcare professional:</i>	
<i>Profession (MA, APN, GP, other):</i>	

**Sources of the assessment questions:**

Questions from point 1:

*Manageable Geriatric Assessment (MAGIC), adapted by QualiCCare (in German)*

*Annual Wellness Visit - Pre-Visit Questionnaire, adapted by QualiCCare*

*Timed up and go Test (TUG)*

*PHQ-9*

Questions from point 2:

*Geriatric assessment DEGAM, adapted by QualiCCare (in German)*

Questions from point 3:

*QualiCCare*

Questions from point 4:

*Mini Nutritional Assessment (MNA)*

Questions from point 5

*Food pyramid test from the Swiss Association for Nutrition,  
adapted by QualiCCare (in German)*

Questions from point 6

*OPTUM Health Risk Assessment Sample, adapted by QualiCCare*

Questions from point 7

*OPTUM Health Risk Assessment Sample, adapted by QualiCCare  
Sit-to-Stand Test*

Questions from point 8

*OPTUM Health Risk Assessment Sample, adapted by QualiCCare  
CAGE Alcohol Abuse Screening Tool  
DAST-10 Drug Abuse Screening Test, adapted by QualiCCare*

Questions from point 9

*DAM 01/2016 – Die Allgemeinmediziner, adapted by QualiCCare (in German)*