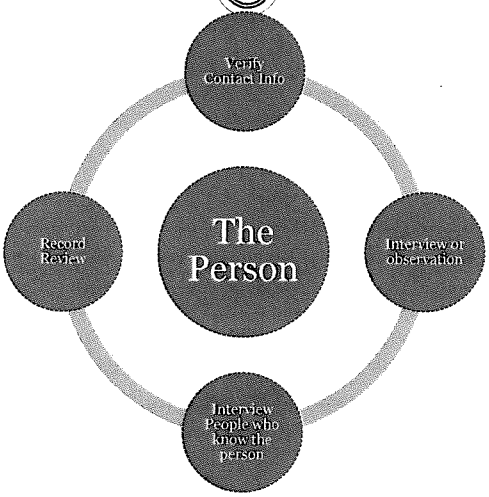
Coordinated Assessment System

JANUARY 10, 2018

Agenda

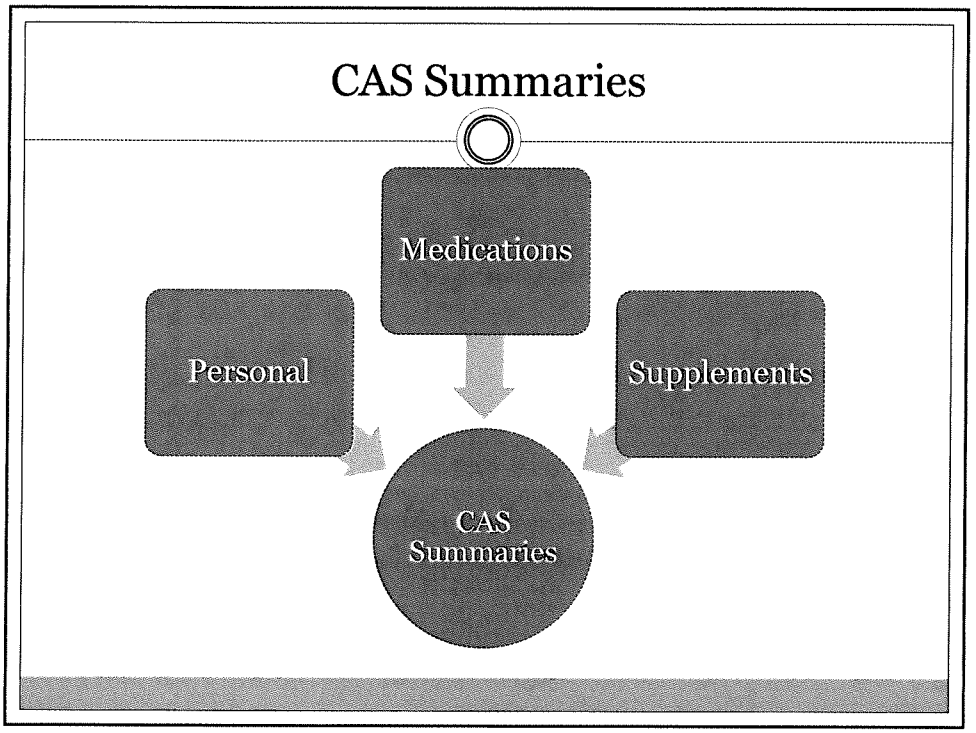
- Introductions
- What is the CAS, How did we get here?
- Where are we now?
  - Role of the MSC
  - Summary guidance Document
  - IAC Survey
- Future Use of the CAS and Funding Implications
- Hints for Families

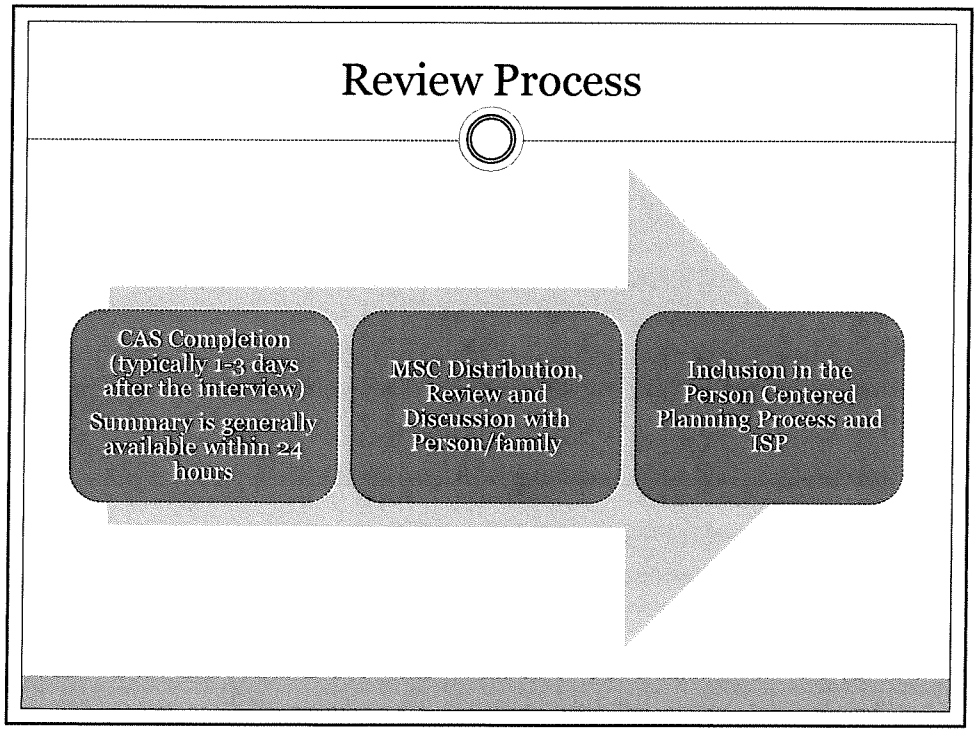
CAS Process



CAS Domains

- Demographic Information
- Community and social Involvement
- Strengths, Relationships and supports
- Lifestyle
- Environmental
- Communication and Vision
- Cognition
- Health Conditions
- Everyday Activities
- Oral and Nutritional Status
- Mood and Behavior
- Medications
- Supports and Services
- Diagnostic Information


CAS Summaries
Medications
Personal
Supplements
CAS Summaries


Review Process
CAS Completion (typically 1-3 days after the interview)
Summary is generally available within 24 hours
MSC Distribution, Review and Discussion with Person/family
Inclusion in the Person Centered Planning Process and ISP

SAMPLES OF CAS SUMMARIES ERRORS, DECEMBER 2017

Domain	Assessor's Scoring	Provider's Scoring	Provider's Information
Walking	Independent	Total Dependence	Uses Powered Wheelchair; depends on others for transferring
Safety	Independent	Supervision-oversight	Unable to evacuation on own during fire drill
Eating	Independent	Supervision-oversight	Has history of choking
Allergies	No known	Has allergies	Allergic to Shellfish
Engages in Fire Setting	No	Yes	In historical information
Continent	Complete Control	Incontinent	Uses diapers
Managing medication	Independent	Total dependence	Cannot manage or identify
Stairs	Minimal Risk	Total assistance	Is a fall risk
Adaptable to change	Yes	No	Has a history of verbal and physical aggression when change occurs
Mobility	Wheelchair dependent	Independent	Does not use a wheelchair
Walking	No limitations	Limitations	Requires travel chair for extended outings
Continence	Is continent	Incontinent	Wears diapers for both bladder and bowel

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Governor

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Acting Commissioner

The Role of the Medicaid Service Coordinator (MSC)/Care Planner in the Coordinated Assessment System (CAS) Process

The MSC or care planner (e.g. Qualified Intellectual Disability Professional (QIDP), treatment team leader, care coordinator/manager) will play a vital role in the assessment process by assisting the assessor with confirming/obtaining contact information, scheduling/coordinating, providing documentation for review, and reviewing of the output summaries with the person/actively involved family member or LG. The MSC/care planner's quick response to an assessor's request is important because the CAS assessment is a **time sensitive process**.

To assist the MSC/care planner in understanding his/her role, the MSC/care planner will be provided the following documents: CAS Brochure, Documentation Review List, and The Coordinated Assessment System (CAS): Summary Guidance Document for the Person/Family and Provider Conversation.

Initial MSC/Care Planner Contact

The CAS assessor will contact the MSC/care planner to verify/obtain the following information:

- Person's contact information
- Identification of knowledgeable individual(s)
- Identification of Legal Guardian (LG) and/or actively involved family member/key staff
- Communication/language access needs

MSC/Care Planner's Role in the Assessment Process

The assessor will contact the person and schedule an interview.

- The assessor will communicate to the MSC/care planner the date and time of the interview.
  - If the MSC/care planner learns that the person is experiencing a change in his/her life that requires the assessment to be rescheduled (i.e., hospitalization, unexpected emergency/crisis, etc.), the MSC/care planner will contact the assessor as soon as possible.
- The assessor will inform the MSC/care planner if the person has identified an individual that he/she would like to have present at the interview for support.
  - The MSC/care planner will be asked to inform the individual identified for support, the location and time of interview.
  - If the MSC/care planner is aware of other key individuals in the person's life that he/she would want to have at the assessment interview, the MSC/care planner will be asked to inform the individual(s) of the location and time of the interview.
- The assessor will need to review certain documents in order to complete the assessment (refer to the Documentation Review for the Coordinated Assessment System (CAS) document for guidance).

- The MSC/care planner will ensure that all obtainable and requested documentation be available for assessor to review on the assessment date. MSCs/care planners do not need to make copies of documents as assessors will review them at the location.

CAS Summaries

The CAS Summaries and Summary Guidance Document will be available 24 hours after the CAS is finalized (Note: Finalization of the CAS could take up to three days from assessment reference (interview) date).

- The CAS Summaries and Guidance document can be found in the "Supporting Documents" section of the person's file in CHOICES.
  - **The MSC/care planner is responsible for reviewing the CAS Summaries with the person/actively involved family member/LG within 30 days from availability. This review should occur when the MSC/care planner is able to meet and/or have a conversation with the person and/or actively involved family member/LG to discuss the CAS Summaries. In addition, this conversation needs to be documented as well as any issues or concerns that result from it.** The CAS Summaries should not be distributed without having a proper discussion and review of them. The MSC/care planner should also utilize the Summary Guidance Document to facilitate this discussion.
  - The MSC/care planner should ensure that any new information found in the CAS Summaries is addressed and documented in the monthly note and/or the ISP.

Questions and/or concerns regarding CAS Summaries should be emailed to: coordinated.assessment@opwdd.ny.gov

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The Coordinated Assessment System (CAS)

Summary Guidance Document for the Person/Family and Provider Conversation

The Coordinated Assessment System, or CAS, is OPWDD's new assessment tool. The CAS will assess a person's strengths, interests, and needs. The results of the CAS are several summaries that will be available for the Medicaid Service Coordinator (MSC) or care planner to share with the person and/or family, and are to be used for the person-centered planning process. This guidance document was developed to help with the understanding of the CAS summaries. Please have available copies of the CAS summaries as you read this guidance document.

The Summary Guidance Document for the Person/Family and Provider Conversation contains information and explanations of the following:

I. **The CAS Assessment Process**
II. **The CAS Summaries**
    a. **Personal Summary**
    b. **Comments Summary**
    c. **Medications Report**
    d. **Supplements**

I. The CAS Assessment Process

The CAS is a person-centered assessment. The CAS begins with the assessor scheduling an interview or observation of the person. The interview or observation is scheduled at a time, date, and location that is most convenient for the person. The assessor is trained to respect the person's time, interests and to ensure that the assessment process does not interfere with the person's life. If the person is unable to schedule the interview/observation, the assessor will coordinate the interview/observation with the person's supports.

The assessment interview/observation is designed to include the person at any level that he/she wants to participate. Some people may prefer to have an observation or may not be able to participate in an interview. The assessor has experience working with people with intellectual and/or developmental disabilities and is able to gather the needed information either by observing the person or through an interview.

If the person is interested and able to be interviewed, the assessor will complete the interview through a guided conversation. The interview is designed to help the person feel comfortable and to be flexible enough to meet the person's needs and ways of communicating. Information about the person is collected directly from the person

first. This allows the person to choose what he/she would like to share and allows the person to focus on what he/she feels is important.

Several questions in the CAS can only be answered by the person if he/she is able (Text Box A). If the person is unable to communicate, through any form of communication, or chooses not to answer these questions in the CAS, the answer that will be recorded will be "could not or would not respond."

Text Box A

Items that require information provided only/directly from the person

- Individual's expressed goals
- Person prefers change
- Self-reported health
- Physical function improvement potential
- Self-reported mood
- Finds meaning in day to day life
- Reports having a confidant

After the person has finished the interview/observation, the assessor will interview others that know the person well. These people are referred to as a "knowledgeable individual(s)" and include people that have known the person for at least 3 months, see the person at least weekly and have spent time with the person within the 3 days before the assessment interview/observation. The knowledgeable individual(s) interview is used by the assessor to gather additional information and to clarify information that was shared by the person or observed by the assessor. In some instances, the knowledgeable individual is a family member and in others, it is not. Actively involved family members and/or advocates, regardless of whether they are knowledgeable individuals, as defined above for the CAS, are also included in this interview process. Some questions in the CAS require answers from the knowledgeable individual and family/advocate (Text Box B). These questions must have responses and may not be left blank or unanswered. If information is unavailable, the assessor has been trained to answer these questions stating that the information was unavailable at the time of the assessment.

Text Box B

Items that require information provided only/directly from the knowledgeable individual and family/advocate

- Parent/Guardian/Advocate's expressed goals
- Care professional believes person is capable of improved performance in physical function

Next, the assessor will review available records to help with the answering of any outstanding questions. It also provides an opportunity for the assessor to verify information, as needed, from the interview/observation with the person and the people that know the person well. After the records review, the assessor may ask some final questions of the person and/or knowledgeable individual(s).

Once the assessor has answered all the questions on the CAS, he/she will write the following information into the CAS (Text Box C):

Text Box C

Information assessor will complete after answering all questions on the CAS

- Dates and names of people who were mailed the CAS assessment notification letter
- Names of all the people that were interviewed and their relationship to the person
- Dates interviews were completed
- Names of the records that were reviewed

This information becomes part of the CAS and can be found in the Comments Summary.

II. The CAS Assessment Summaries

Once the assessor finishes the CAS, several summaries will be available to the MSC or care planner to share with the person and/or family. These summaries are the: Personal Summary, Comments Summary and Medication Report. If additional information was gathered on a CAS supplement, then these completed supplements will also be included. The available supplement summaries, if completed for a person, are the Mental Health Supplement, Medical Supplement, Forensic Supplement and Substance Use Supplement. These summaries provide a comprehensive snapshot of a person and his/her strengths, interests and needs. The CAS summaries are designed to support the conversation between the person, the family and the MSC/care planner in order to develop a person-centered care plan including outcomes and safeguards.

MSCs and care planners will have access to CAS summaries through an OPWDD system called CHOICES. MSCs/care planners are responsible for distribution of the summaries to the person and actively involved family (as needed).

Below is an explanation of each CAS summary and what is included.

a. Personal Summary

The CAS Personal Summary includes the key information about a person's social involvement, activities of daily living, mental and physical health as well as a report of current services. Each Personal Summary is unique to the person being assessed and includes the person's life experiences and goals and then moves into areas of need.

The Personal Summary has six sections:

Section 1: Identifying information:
This section provides information about the person's current living arrangement, identifies decision makers and the nature of the person's developmental disability.

Section 2: Goals/Strengths/Social and Community Involvement:
This section provides information about the person's expressed goals and the parent/guardian/advocate's expressed goals. It also identifies the person's characteristics, strengths, abilities, preferences and areas of the person's life that he/she would like to change.

For example, the assessor will ask the person about areas in his or her life that he/she may want to change. One area an assessor may ask about is the person's employment and if there is any desire to change. If the person wants a different job, the question on the Personal Summary under "Person Prefers Change- Paid Employment" will say "Yes". If during the interview the person shares what type of change in job or employment, then the assessor will add this information. For example, during the interview the person says she would like a change in her job because she would like to work outdoors. The assessor will write "person stated she prefers to work outdoors" in the box following the question "Person Prefers Change -Paid employment", and this will be included in the Personal Summary.

Note: The questions "Individual's Expressed Goals", "Person Prefers Change", "Finds Meaning in Day to Day life" and "Reports Having a Confidant" are self-reported items and the response(s) listed are based only on what the person is able or willing to share (See Textbox A).

Section 3: ADL's/IADL's/Status of Paid/Unpaid supports (non-medical):
This section provides information about the person's current supports, skills and abilities, and his/her ability to complete everyday activities. It identifies any significant life events that may currently be affecting the person's overall well-being or impacting his/her daily life. This section also includes information about support provided to the person by someone who is unpaid such as the person's parent/family member/key support.

Focus of supports and/or services includes both supports/services received in the last 30 days or scheduled to occur within the next 30 days.

Instrumental Activities of Daily Living (IADL's) assesses areas of ability most commonly associated with independent living and that measure by both the person's actual performance on these tasks and his/her capacity to complete a task. These questions look at a very specific timeframe. This timeframe is the last 3 days before the assessment interview. For example, the assessor may observe the person's ability to prepare a meal, or portions of a meal. The assessor will also ask the knowledgeable individual(s) if the person prepared a meal in the past 3 days and if so, how much support was needed.

Activities of Daily Living (ADL's) documents the person's abilities in self-care activities, such as personal hygiene and eating, over the 3 day timeframe before the assessment interview date.

Information about the role and status of the parent/family member/key unpaid support is also available in this section. For instance, the assessor will ask about what types of unpaid support have been provided to the person in the last 3 days by the parent/family member/key unpaid support.

Section 4: Cognition/ Communication/ Sensory:
This section provides information about the person's cognitive function and ability for daily decision-making, following instructions, organizing daily self-care activities, adapting to changes in routine or environment, and in making safe, independent decisions in the community. The section also assesses issues that may be currently impacting the person's abilities in these areas. For example, during the interview a parent reports that in the evening, the person appears to have difficulty communicating and that he isn't able to finish a thought or doesn't make sense when telling a story. The assessor will ask if this is different from the person's usual functioning or

way of acting, or if this observation is consistent with the person's usual functioning. This detail will be included in this section of the Personal Summary.

Additionally, this section records how the person communicates (i.e., verbally or nonverbally), and the status of his/her vision and hearing (including the use of any adaptive devices such as eyeglasses or adaptive hearing devices).

Section 5: Physical and Mental Health:
This section provides information about the person's perception and/or support person's observation of physical health, substance use, mood and behavior, contact with medical service providers in the last 30 days, and hospital stays in the last 90 days. Instability or acute episodes of recurring medical conditions will trigger the assessor to complete the Medical Management Supplement. Mental health diagnoses, or indicators of acute change in mental status, possible depression, anxiety or psychosis will trigger the Mental Health Supplement. Police intervention or violent acts with purposeful or malicious intent will trigger the Forensic Supplement. Certain alcohol use in a 14 day period, as well as if the person's social environment facilitates the use of drugs or alcohol, will trigger the Substance Use Supplement.

Preventative health services provided within the last year or two, as well as disease diagnoses, are documented in this section of the Personal Summary.

Note: The questions "Self-Reported Health", "Physical Function Improvement Potential", and "Self-Reported Mood" are self-reported and the response(s) listed are based only on what the person is able/willing to share (See Text Box A).

b. Comments Summary

The CAS Comments Summary documents the assessment administration requirements such as dates and names of people who were mailed the CAS assessment notification letter, names of people interviewed and their relationship to the person, dates of the interviews, and names and dates of the documents reviewed (see Text Box C).

The assessor will also document any important information provided during the assessment process that was not included in other areas of the CAS or CAS Supplements.

c. Medications Report

The CAS Medication report includes medications the person has taken over the 3 day timeframe before the assessment interview. All available information is recorded including the source of the information (i.e., person, pill container, record etc.).

d. Supplements

Depending on the person, the assessor may complete additional Supplements to gather more information. These supplements are:

- Mental Heath
- Medical Management
- Substance Use
- Forensics

Each of these CAS Supplements may identify priority areas of need in the person's life such as physical (medical), mental health, forensic or substance use.

Note: Not everyone will have a completed CAS Supplement. These Supplements are completed only if during the assessment interview there is an indication that the assessor needs to gather more information about the person in any one, or more, of these areas.

Thank you for your participation in the Coordinated Assessment System (CAS). Should you have any questions about the assessment process and/or the CAS summaries please contact:

coordinated.assessment@opwdd.ny.gov

Uniform Assessment System - New York
CAS Assessment Personal Summary

[redacted]

Assessment Date: 04/01/2017

Section 1: Identifying Information

Reason for assessment	**Initial assessment**
Nature of Developmental Disability	
Intellectual Disability (ID)	**Yes**
Documented severity of intellectual disability	**Profound**
Decision Maker	
Personal Healthcare	
Actively involved family member	**Yes**
Name	[redacted]
Name	**N/A**
Phone	[redacted]
Decision Maker	
Property	
Actively involved family member	**Yes**
Name	[redacted]
Name	**N/A**
Phone	[redacted]
Current Residence	**OPWDD- or agency-operated residence**
Usual Residence	**OPWDD- or agency-operated residence**
Living Arrangement	
With non-relative(s)	**Yes**

Section 2: Goals/Strengths/Social and Community Involvement

Individual's expressed goals	**None**
Parent/Guardian/Advocate's expressed goals	**None**
Person Prefers Change	
Paid employment	**Could not (would not) respond**
Formal education program	**Could not (would not) respond**
Recreational activities	**Could not (would not) respond**
Community involvement	**Could not (would not) respond**
Living arrangements	**Could not (would not) respond**
Daily routine	**Could not (would not) respond**
Supports and services	**Could not (would not) respond**
Relationships	**Could not (would not) respond**
Health choices	**Could not (would not) respond**
Personal and Social Strengths	
Consistent positive outlook	**Yes**
Finds meaning in day-to-day life	**No**
Reports having a confidant	**No**
Strong and supportive relationship with family	**Yes**
Strong and supportive relationship with long-standing social relation	**No**
Reports strong sense of involvement in community	**No**
Social Relationships	
Participation in social activities of long-standing interest	**Unable to determine**
Visit with long-standing social relation or family member	**More than 30 days ago**
Other interaction with long-standing social relation or family member	**Never**
Overnight stay of 1 or more nights at home of family member or long-standing social relation	**Never**

Sense of Involvement	
At ease interacting with others	**Exhibited daily in last 3 days**
At ease doing planned or structured activities	**Exhibited daily in last 3 days**
Pursues involvement in activities of residential setting or community	**Exhibited daily in last 3 days**
Plans for future needs	**Alternative plans not considered OR not required**

Section 3:ADLs, IADLs, Status of Paid/Unpaid Supports (non-medical)

Unsettled Relationships	
Relationship to person	**No support**
Areas of Unpaid Support DURING LAST 3 DAYS	
General oversight or cueing	**No unpaid support**
Independent living skills	**No unpaid support**
Self-care skills	**No unpaid support**
Crisis support	**No unpaid support**
Social inclusion and participation	**No unpaid support**
Companionship	**No unpaid support**
Relationship to person	**No support**
Areas of Unpaid Support DURING LAST 3 DAYS	
General oversight or cueing	**No unpaid support**
Independent living skills	**No unpaid support**
Self-care skills	**No unpaid support**
Crisis support	**No unpaid support**
Social inclusion and participation	**No unpaid support**
Companionship	**No unpaid support**
Hours of unpaid help and active monitoring during LAST 3 DAYS	**0**
Formal Care Providers	
Contact with paid care providers in LAST 30 DAYS	
Direct support professional	**Daily contact in last 7 days**
Speech therapist	**Contact in last 7 days, but not daily**
Physician	**No contact in last 7 days, but contact 8 to 30 days ago**
Focus of Supports	
Code for types of issues that were a major focus of formal services and training programs in LAST 30 DAYS	
Self-care skills (ADLs)	**Received in last 7 days**
Household management skills	**Received in last 7 days**
Community skills	**Received in last 7 days**
Social skills	**Received in last 7 days**
Primary mode of locomotion indoors	**Walking, no assistive device**
Self-care skills (ADLs) LAST 3 DAYS	
Bathing	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Personal hygiene	**Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight**
Dressing upper body	**Supervision - Oversight/cueing**
Dressing lower body	**Supervision - Oversight/cueing**
Walking	**Independent - No physical assistance, setup, or supervision in any episode**
Locomotion	**Independent - No physical assistance, setup, or supervision in any episode**
Transfer toilet	**Independent - No physical assistance, setup, or supervision in any episode**
Toilet use	**Independent, setup help only - Article or device**

Bed mobility	provided or placed within reach, no physical assistance or supervision in any episode
Eating	Independent - No physical assistance, setup, or supervision in any episode
Change in ADL status as compared to 90 days ago	Supervision - Oversight/cueing
Independent Living Skills (IADLs) LAST 3 DAYs	No change
Meal preparation - PERFORMANCE	Total dependence - Full performance by others during entire period
Meal preparation - CAPACITY	Total dependence - Full performance by others during entire period
Ordinary housework - PERFORMANCE	Limited assistance - Help on some occasions
Ordinary housework - CAPACITY	Limited assistance - Help on some occasions
Managing finances - PERFORMANCE	Total dependence - Full performance by others during entire period
Managing finances - CAPACITY	Total dependence - Full performance by others during entire period
Managing medications - PERFORMANCE	Total dependence - Full performance by others during entire period
Managing medications - CAPACITY	Total dependence - Full performance by others during entire period
Phone use - PERFORMANCE	Activity did not occur - During entire period
Phone use - CAPACITY	Total dependence - Full performance by others during entire period
Stairs - PERFORMANCE	Independent - No help, setup, or supervision
Stairs - CAPACITY	Independent - No help, setup, or supervision
Shopping - PERFORMANCE	Total dependence - Full performance by others during entire period
Shopping - CAPACITY	Total dependence - Full performance by others during entire period
Transportation - PERFORMANCE	Maximal assistance - Help throughout task, but performs less than 50% of task on own
Transportation - CAPACITY	Maximal assistance - Help throughout task, but performs less than 50% of task on own
Basic Safety Procedures – PERFORMANCE	Supervision - Oversight/cuing
Basic Safety Procedures – CAPACITY	Supervision - Oversight/cuing
Work - PERFORMANCE	Activity did not occur - During entire period
Work - CAPACITY	Total dependence - Full performance by others during entire period
Employment status	Unemployed, not seeking employment
Employment arrangements - EXCLUDE VOLUNTEERING	
Competitive employment with supports	Not applicable
Competitive employment without supports	Not applicable
Vocational training	No
Unemployed	Yes
Involvement in Structured Activities	
Formal education program - full-time	No
Formal education program - part-time	No
Volunteerism (e.g., community services)	No
Day program	Yes
Life Events	
Death of close family member or friend	More than 1 year ago

Section 4: Cognition, Communication, Sensory

Cognitive skills for daily decision making	**Modified independence - Some difficulty in new situations only**
Memory / Recall Ability	
Short-term memory OK	**Memory Problem**
Procedural memory OK	**Memory Problem**
Situational memory OK	**Memory Problem**
Adaptability	**Adapts without difficulties to change in routine or environment**
Communication methods	**Non-verbal (e.g., gestures, sign language, sounds, writing)**
Communication Modes Used Daily - Expressive	
Idiosyncratic signs, gestures, behaviors	**Used daily in last 3 days**
Tangible symbols	**Used daily in last 3 days**
Making self understood (expression)	**Understood - Expresses ideas without difficulty**
Ability to understand others (comprehension)	**Understands - Clear comprehension**
Hearing	
Ability to hear	**Adequate - No difficulty in normal conversation, social interaction, listening to TV**
Vision	
Ability to see in adequate light	**Minimal difficulty - Sees large print, but not regular print in newspapers/books**
Visual appliance used	**Yes**

Section 5: Physical and Mental Health

Hospital Use, Emergency Room Use, Physician Visit (LAST 90 DAYS)	
Inpatient acute hospital with overnight stay	**0**
Emergency room visit (not counting overnight stay)	**0**
Physician visit (or authorized assistant or practitioner)	**1**
Visit with licensed mental health professional	**0**
Falls	**No fall in last 90 days**
HT (in.)	**68**
WT (lb.)	**192**
BMI	**29.19**
Dental or Oral	
Has broken, fragmented, loose, or otherwise non-intact natural teeth	**Yes**
Mode of nutritional intake	**Requires diet modification to swallow solid food - e.g., mechanical diet (puree, minced, etc.) or only able to ingest specific foods**
Bladder continence	**Infrequently incontinent - Not incontinent over last 3 days, but does have incontinent episodes**
Bowel continence	**Continent - Complete control; DOES NOT USE any type of ostomy device**
Other skin conditions or changes in skin condition	**Yes**
Disease Diagnoses	
Diabetes mellitus	**Diagnosis present, receiving active treatment**
Hypertension	**Diagnosis present, monitored but no active treatment**
Physician reviewed person's medications as a whole in last 180 days	**Discussed with at least one physician (or no medication taken)**
Adherent with medications prescribed by physician	**Always adherent**
Allergy to any drug	**No known drug allergies**
Allergic drug or category of drugs	**Penicillin, Ampicillin, Iodine**
Known allergies that impact everyday activities	**Yes**
Known allergies	**Shellfish, Cucumbers**

[redacted] [redacted] [redacted]

Assessment Date: 04/01/2017

Indicators of Possible Depressed, Anxious or Sad Mood	
Mood	
Cheerful, happy facial expressions	**Exhibited daily in last 3 days**
Made positive statements	**Not present**
Irritability	**Present but not exhibited in last 3 days**
Self-Reported Mood	
Little interest or pleasure in things you normally enjoy?	**Person could not (would not) respond**
Anxious, restless, or uneasy?	**Person could not (would not) respond**
Sad, depressed, or hopeless?	**Person could not (would not) respond**
Self-rated health	**Could not (would not) respond**
Physical Function Improvement Potential	
Person believes he/she is capable of improved performance in physical function	**Could not (would not) respond**
Care professional believes person is capable of improved performance in physical function	**Yes**
Caffeine use	
Highest number of caffeinated beverages consumed in any single day of the LAST 3 DAYS	**1 - 2 cups of coffee or 1 - 4 caffeinated beverages**
Total hours of exercise or physical activity in LAST 3 DAYS	**1-2 hours**
Prevention	
Complete physical examination in LAST YEAR	**Yes**
GYN exam in LAST YEAR	**Not applicable**
Dental exam in LAST YEAR	**Yes**
Eye exam in LAST YEAR	**Yes**
Hearing exam in LAST 2 YEARS	**Yes**
Influenza vaccine in LAST YEAR	**Yes**
Other Diseases	
Moderate Dysphasia (n/a)	**Diagnosis present, monitored but no active treatment**
Glaucoma (n/a)	**Diagnosis present, monitored but no active treatment**
Leukocytosis (n/a)	**Diagnosis present, monitored but no active treatment**