

Pre-visit Screening Short form

One option towards meeting the 5 Pillars is to have a pre-visit screening form. This could be administered electronically in advance of the visit (e.g. through EMR), electronically in waiting room (e.g. with tablet), and/or on paper depending on the capacities of your COE. If done electronically, it could get pulled into your note template. Using a pre-visit screening form is a great option for COEs that have the capacity to send out forms in advance and may save clinician's time by allowing them to rapidly review key concerns (and also document them if done electronically). Feel free to change wording or combine with other pre-screening questions if you are already using this process at your COE. This form was designed for efficiency. It contains some items from validated scales but does not use complete scales.¹⁻³ If you are desiring to have a form that is both useful clinically and validated for research you may want to consider our suggestions for full (often short-form) validated scales.

1. Please review the symptoms below and identify how bothersome each one is to you:

	Not at all	Somewhat	Quite a Bit	A Great Deal
Appetite/Weight loss				
Confusion				
Constipation				
Depression/Anxiety				
Hallucinations/delusions				
Pain				
Swallowing difficulty				
Tiredness/Drowsiness				
Urination				
OTHER:				
Do you struggle with the loss of meaning and joy in your life?				
Do you currently have what you would describe as religious or spiritual struggles ?				

For patients:

Please review the questions below and respond by checking Yes or No:

	Yes	No
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1. Do you have an advance directive (living will, POLST/MOLST/MOST)?		
2. Do you have a healthcare proxy/Medical Durable Power of Attorney?		
3. Do you feel that you or your family would benefit from additional support?		

For Caregivers:

Please review the questions below and check the response that best reflects how you feel. Please note that the word relative below refers to the person with Parkinson’s who you support.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1. Do you feel that because of the time you spend with your relative that you don’t have enough time for yourself?					
2. Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?					
3. Do you feel strained when you are around your relative?					
4. Do you feel uncertain about what to do about your relative?					
5. Does the person you care for have unusual or strong urges that are hard to control such as gambling, shopping, binge eating, craving sweets, increased sex drive, hobbies or taking extra medications?					
6. Do you experience physical, sexual, verbal or emotional abuse, aggression or threats?					



7. Do you feel that you or your family would benefit from additional support?					
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References

1. Yu J, Yap P, Liew TM. The optimal short version of the Zarit Burden Interview for dementia caregivers: diagnostic utility and externally validated cutoffs. *Aging Ment Health* 2019;23:706-710.
2. Miyasaki JM, Long J, Mancini D, et al. Palliative care for advanced Parkinson disease: an interdisciplinary clinic and new scale, the ESAS-PD. *Parkinsonism Relat Disord* 2012;18 Suppl 3:S6-9.
3. King SD, Fitchett G, Murphy PE, Pargament KI, Harrison DA, Loggers ET. Determining best methods to screen for religious/spiritual distress. *Support Care Cancer* 2017;25:471-479.