

Supplementary Material

Figure S1. The Risk Instrument Screening in the Community (RISC):
 Copyrighted and available at: The RISC is available at
<http://www.biomedcentral.com/1471-2318/14/104/figure/F1>

RISC Score Sheet®

Demographics

Personal Details: Name _____

Address _____

Gender : M F DOB / / ID _____

Living Arrangements:

Alone Spouse

Child

Other _____

Instructions	Step 1	Step 2	Step 3
Domain	Concern	Step 2	Caregiver Network
If NO concern for a Domain, move on to the next Domain. Complete all 4 domains	Is there concern about issues in this domain? (Circle Yes or No) Then complete Step 2	Circle the present severity of the concern (Circle:1,2,3) 1. Mild. 2. Moderate. 3. Severe. Then complete Step 3	Is the caregiver network able to manage (Circle:1,2,3,4 or 5) 1.Can manage 2.Carer strain 3.Some gaps 4.Cannot manage 5.Absent/liability
1. Mental State	N Y ↓ →	1 2 3	1 2 3 4 5
2. ADLs	N Y ↓ →	1 2 3	1 2 3 4 5
3. Medical/Physical State	N Y ↓ →	1 2 3	1 2 3 4 5
4. Other specify _____	N Y ↓ →	1 2 3	1 2 3 4 5

Global Risk Score (circle 1,2,3,4 or 5)

A. Institutionalisation Overall risk of admission to long-term care (nursing home) in the next year.	1 Minimal / rare	2 Low / unlikely	3 Moderate / possible	4 High / likely	5 Extreme / certain
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B. Hospitalisation Risk of hospitalisation including prolonged admission or readmission in the next year.	1 Minimal / rare	2 Low / unlikely	3 Moderate / possible	4 High / likely	5 Extreme / certain
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C. Death Risk of death in the next year.	1 Minimal / rare	2 Low / unlikely	3 Moderate / possible	4 High / likely	5 Extreme / certain
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Global Risk Score Definitions

1. Minimal: Little or no serious consequence related to the risk / **Rare:** The event will almost never occur.
2. Low: Small impact from the risk, unlikely to cause serious harm / **Unlikely:** Low probability of the event occurring.
3. Moderate: Significant risk present / **Possible:** The event may occur but is infrequent or unlikely to occur soon.
4. High: Serious impact likely from the risk / **Likely:** High probability of the event occurring.
5. Extreme: Severe consequences likely / **Certain:** The event will almost certainly occur.

Figure S2. The Community Assessment of Risk Instrument (CARI).
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CARI Score Sheets

Demographics: Personal Details: Name _____ Gender M F DOB / / MRN _____
 Reason for referral: _____ Date of assessment _____
Educational Level: Primary Secondary 3rd level Other _____
Living Arrangements: Alone Living with _____
Location: Own Home Others' home Sheltered Housing Nursing home Other _____
Support: Informal: Yes No hrs/day ___ days/week ___ Family/partner Friend Neighbour Other _____
 Formal: Yes No hrs/day ___ days/week ___ PHN Day care Home help Meals on wheels Respite Other _____
Carer burden: Primary carer _____
 Carer Burden Score- Mild (0-10) Mod (11-20) Severe (21-30)
Medical History: Primary diagnosis _____
 Other diagnoses _____
Healthcare use: No. A&E attendances (in the last year) ___ No of admissions (in the last year) ___ N/A
Medication: Prescription meds ___ Over the counter meds ___
Frailty: (Your overall impression) Frail - Yes No

Instructions	Step 1	Step 2	Step 3
Domain	Concern	Status	Care Network
Mental State	Is there concern about issues in this domain? (Circle Yes or No) N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	Circle the present severity of the concern 1. Mild. 2. Moderate. 3. Severe. If NO concern, move on to the next Domain, 2. If YES complete each section A,B,C below	Can the caregiver network manage this concern for this domain? 1. Can manage 2. Carer strain 3. Some gaps 4. Cannot manage 5. Absent/liability
A. Thinking & Reasoning	If NO concern, move on to next section until domain is complete		1 2 3 4 5 ↓
Cognition	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Mild cognitive impairment (memory loss without functional loss (typically SMMSE of >24). 2 Established early-mild dementia (typically SMMSE of 24-20). 3 Moderate to severe dementia, (typically SMMSE of < 20).	
Insight & Executive Function	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Some loss of insight, difficulty planning 2 Greater loss of awareness, diminished capacity. 3 No insight or capacity (cognitive/functional), unaware of self/ health.	
B. Behaviours			
Agitation (restlessness)	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Agitation has occurred in the past but not evident presently. 2 Agitation present but manageable / Infrequent 3 Agitation present, wandering/restless, difficult to manage.	
Aggression (Physical)	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Aggression has occurred in the past but not evident presently 2 Aggression present, but can be managed/ isolated episode(s). 3 Aggression difficult to manage- frequent outbursts.	
Risky Behaviours including Self neglect	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Behaviours have occurred in the past but not recently. 2 Behaviours noted recently but can be managed. 3 Behaviours ongoing / difficult to manage.	
C. Psychiatric			
Anxiety /Depression	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Past history/Some mild anxiety-depression symptoms. 2 Symptoms causing distress /social withdrawal. 3 Symptoms interfering with function.	
Delusions /Hallucinations /paranoia	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 History of delusions/ hallucinations. None recently. 2 Evidence of delusions/hallucinations/ but no distress. 3 Symptoms causing distress and/or interfering with function.	
D. Other	N <input type="checkbox"/> Y <input type="checkbox"/>	Specify 1 2 3	

Domain 2.	Step 1	Step 2	Step 3
Issues	Concern	Status	Care Network
ADLs Activities of daily living	Is there concern about issues in this domain?(Circle Yes or No)	Circle the present level of function 1. Supervision or Set up. 2. Assist. 3. Dependent.	Can the caregiver network manage the concern for this domain? 1.Can manage 2.Carer strain 3.Some gaps 4.Cannot manage 5.Absent/liability
	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	If NO concern, move on to next Domain, 3. If YES complete each section A, B below.	
A. Basic ADLs	If NO concern, move on to next section until domain is complete.		
Bladder	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Occasional incontinence e.g. once per week /situational. 2 Frequently incontinent / wears pads. 3 Completely incontinent, needs physical help with pads or toilet.	1 2 3 4 5 ↓
Bowel	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Occasional incontinence e.g. once per week /situational. 2 Frequently incontinent / wears pads. 3 Completely incontinent, needs physical help with pads or toilet.	
Transfer	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Minor help/ standby assistance of one person/requires raised toilet seat or handrails. 2 Major help / assistance of one to two people. 3 Hoist / bed bound.	
Mobility	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Uses aid (stick/frame) or standby assistance one person. 2 Major help / assistance of one to two people. 3 Immobile.	
Dressing	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Can dress with supervision or set up/ Rarely changes cloths. 2 Can dress upper half (but not lower half). 3 Full assistance (upper & lower half) or resistive or refusing.	
Bathing	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Supervision in shower /bath but wash themselves/ Not washing. 2 Needs assistance with set up. 3 Full assistance or unable as resistive or refusing.	
Stairs/steps (No stairs/ not used <input type="checkbox"/>)	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Needs supervision on stairs but can use stairs/ requires handrails. 2 Physical assistance of one to two people up & down. 3 Unable/needs stair-lift/unwilling to move downstairs but unsafe.	
Feeding	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Supervision /encouragement eating /set up. 2 Needs some assistance e.g. cutting up food but patient can feed themselves. 3 Hand fed/ not eating or refusing food / peg feeding.	
B.Instrumental			
Technology use	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Difficulty learning how or cannot use new appliances 2 Can use with assistance/passive user (e.g. can answer phone but cannot initiate). 3 Unable / using inappropriately (calling at night).	
Shopping	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Needs someone to plan shopping with them / help with bags. 2 Needs someone to plan/physically assist them with shopping. 3 Unable to shop, would need shopping delivered.	
Food preparation	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Can only make simple meals (sandwiches/breakfast etc.). 2 Reheats meals prepared by carer/meals on wheels/makes tea. 3 Needs meals served to them / Unsafe (hazard) in kitchen.	
Housekeeping/ Laundry	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Assistance needed for heavy housework only (hoovering). 2 Assistance needed for light housework (dishes, laundry). 3 Unable to do any housework / laundry/ unsanitary conditions	
Transportation (Not referring to driving ability)	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Can arrange own transport out of house (call taxi, lift). 2 Needs someone to accompany them outside the house. 3 Cannot travel outside house even with assistance/housebound.	
Medications	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Needs prompting to take medications./ needs meds organised. 2 Needs to be given some (e.g. subcut insulin) /all medications. 3 Poor compliance / inappropriate administration / refusing.	
Finances	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Directs people but cant manage complex banking. 2 Needs assistance with bills, money, poor concept of value. 3 Taken care of by other/no concept of money/ financial abuse.	
C. Other	N <input type="checkbox"/> Y <input type="checkbox"/>	Specify _____ 1 2 3	

Domain 3.	Step 1	Step 2	Step 3
Issues	Concern	Status	Care Network
Medical State	Is there concern about issues in this domain?(Circle Yes or No)	Circle the present level of function 1. Mild. 2. Moderate. 3. Severe.	Can the caregiver network manage the concern for this domain? 1.Can manage 2.Carer strain 3.Some gaps 4.Cannot manage 5.Absent/liability
	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	If NO concern, complete the Global Risk Score. If YES complete each section below.	
A. Med issues	If NO concern, move on to next section until domain is complete.		1 2 3 4 5 ↓
Chronic medical condition(s) Exclude mental state issues	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Asymptomatic /condition(s) controlled / no recent exacerbation. 2 Symptoms but not affecting function / recent exacerbation. 3 Frequent exacerbations / affecting function.	
Symptoms/ Palliative care issues (e.g.pain)	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Mild chronic symptoms/terminal condition: asymptomatic or symptoms well controlled. 2 Ongoing symptoms needing specialist input. 3 Active symptoms (e.g. pain) ongoing despite specialist input/actively dying.	
B. Physical			
Hearing	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Reduced hearing /uses hearing aid to help. 2 Difficulty hearing (+/- despite hearing aid). 3 Profoundly deaf, marked difficulty communicating.	
Vision	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Reduced visual acuity but normal eyesight (wears glasses). 2 Visually impaired / (+/- despite glasses). 3 No vision and interfering with function.	
Communication	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Expressive dysphasia, difficulty communicating but intelligible. 2 Mixed dysphasia, marked difficulty communicating. 3 Aphasic or non-communicating.	
Swallow	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 History / concern of aspiration but not evident at present. 2 Episodes of aspiration, needs diet modified. 3 Aspirating/non compliance with diet/ swallow absent /needs or using peg.	
Nutrition	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 History/ concern of malnutrition/ BMI upper/lower limits of norm. 2 Malnourished, abnormal BMI. 3 Evidence of serious malnutrition, severe anorexia or obesity.	
Gait / Falls	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 History of fall in the last year (none recently)/fear of falling/difficulty walking or with balance. 2 Abnormal gait pattern/recent falls. 3 Gait grossly abnormal/frequent falls/no safety awareness.	
Environment/ socioeconomics	N <input type="checkbox"/> Y <input type="checkbox"/> ↓ →	1 Concern raised over home environment/ social isolation/disadvantaged area. 2 Poor sanitation or structural housing conditions/marked social isolation. 3 Dangerous sanitary, structural housing or social conditions.	
C. Other	Y N	Specify _____ 1 2 3	

Global Risk Score

A. Institutionalization Overall risk of admission to long-term care (nursing home) in the next year.	1 Minimal Rare <input type="checkbox"/>	2 Low Unlikely <input type="checkbox"/>	3 Moderate Possible <input type="checkbox"/>	4 High Likely <input type="checkbox"/>	5 Extreme Certain <input type="checkbox"/>
B. Hospitalization Risk of hospitalization including prolonged admission or readmission in the next year.	1 Minimal Rare <input type="checkbox"/>	2 Low Unlikely <input type="checkbox"/>	3 Moderate Possible <input type="checkbox"/>	4 High Likely <input type="checkbox"/>	5 Extreme Certain <input type="checkbox"/>
C. Death Risk of death in the next year.	1 Minimal Rare <input type="checkbox"/>	2 Low Unlikely <input type="checkbox"/>	3 Moderate Possible <input type="checkbox"/>	4 High Likely <input type="checkbox"/>	5 Extreme Certain <input type="checkbox"/>

Comments: _____

Signed: _____ Role/position: _____ Years of experience: ____ Date: / /