First name:
Family name at birth:
Date of birth:

Address:
City:
Postal code:
Telephone:

Health insurance number (RAMQ):

PRISMA-7 QUESTIONNAIRE

To identify people aged 75 years old or older with moderate to severe disabilities

Please tick the screening location:

☐ Home
☐ Seniors' residence
☐ Community-based organization
☐ Social aid organization
☐ Local drugstore
☐ Day activity centre
☐ Hospital activity centre
☐ Access point/ assessment, orientation and referral
☐ Hospital - Emergency department
☐ Hospital - care unit
☐ Outpatient clinic
☐ Family medecine group/unit
☐ Medical clinic
☐ Event (ex : vaccination campaign)

Validate the following elements:

- Check whether the older person must complete this questionnaire (do not complete this questionnaire if the person is under 75 years of age or if they receive home support services or if they live in a CHSLD, an intermediate resource or in a nursing home).
- Explain to the person what PRISMA-7 questionnaire is for.
- Validate consent of the older person.

Validate consent to screening:

I agree that my answers and my contact details will be sent to the health facility who will contact me only if necessary.

_____ _____ _____

Signature of the person /representative Telephone Date (yyyy/mm/dd)

☐ Or verbal consent from the older person or representative

Please, indicate who completed the PRISMA-7 questionnaire on the back side:

☐ Person him/herself
☐ Representative/caregiver
☐ Volunteer
☐ Clerk
☐ Administrative officer
☐ Health professional
☐ Postman
☐ Policeman
☐ Paramedic
☐ Delivery service from the drugstore
☐ Delivery service from the grocery store
☐ Other
☐ Information unavailable

_____ _____ _____

Signature of the person in charge Telephone Date (yyyy/mm/dd)

Questionnaire PRISMA-7 au verso

Instructions for older individuals :

- If you are 75 years or older, please complete the seven following questions.
- Indicate your answers spontaneously and then give the questionnaire to the person in charge.

Question	Answer	
1. Are you 85 years old or older ?	yes ☐	no ☐
2. Male ?	yes ☐	no ☐
3. In general, do you have any health problems that require you to limit your activities?	yes ☐	no ☐
4. Do you need someone to help you on a regular basis ?	yes ☐	no ☐
5. In general, do you have any health problems that require you to stay at home ?	yes ☐	no ☐
6. In case of need, can you count on someone close to you ?	yes ☐	no ☐
7. Do you regularly use a cane, a walker or a wheelchair to move about ?	yes ☐	no ☐

Centre d'expertise en santé de Sherbrooke (CESS)©

- Raîche, M., Hébert, R., Dubois, M.F., Grégoire M, Bolduc J., Bureau C., Veil A. Le repérage des personnes âgées en perte d'autonomie modérée à grave avec le questionnaire PRISMA-7 : développement, implantation et utilisation. La Revue de Gériatrie, 2007; 32(3): 209-218.
- Raîche M, Hébert R, Dubois M-F. PRISMA-7: A case-finding tool to identify older adults with moderate to severe disabilities. Archives of Gerontology and Geriatrics 2008; 47(1): 9-18.

Send all completed questionnaires to the contact details below :

Fax :

E-mail :

Telephone :