Supplemental digital content for Diachun LL, Klages KB, Hansen KT, Blake K, Gordon J. The Comprehensive Geriatric Assessment Guide: An Exploratory Analysis of a Medical Trainee Performance Evaluation Tool. Acad Med. 2012; 87 (12).

Supplemental Digital Appendix 1

University of Western Ontario **C**omprehensive **G**eriatric **A**ssessment **G**uide (**CGAG**)

Patient/Caregiver Feedback Questionnaire

Instructions

After your check up, please score your doctor/student using this form.

1. GETTING STARTED **The trainee …**	**Yes**	**No**	**Don't remember**
Ensured I could hear them, without shouting at me.			
Didn't speak to my caregiver as if I was not present.			
What did the trainee do well? Any areas for improvement? (*e.g.: They listened to me*)			

2. GATHERING INFORMATION **The trainee …**	**Yes**	**No**	**Don't remember**
Provided opportunity for me **and** my family to share our concerns.			
Asked about any medical problems. (e.g. blood pressure)			
Asked about any psychiatric problems. (e.g. depression)			
Give examples of things that stood out in your interview, one positive and one negative. (e*.g.: There were times when the trainee spoke too quickly*)			

3. MEDICATIONS: **The trainee asked me about:**	**Yes**	**No**	**Don't remember**
Names/Types of pills I am currently taking.			
Any difficulty managing pills.			
Any side effects.			
Any immunizations I have had.			
My use of alcohol or drugs.			
Additional comments:			

4. FUNCTION: **The trainee asked me about my ability to:**	**Yes**	**No**	**Don't remember**
Prepare meals.			
Shop for groceries.			
Manage household chores (e.g. laundry, cleaning).			
Manage money.			
Drive or use public transportation.			
Bathe, groom and dress myself.			
Manage any bowel or bladder difficulty I might have.			
Additional comments:			

5. SYSTEMS REVIEW: **The trainee asked about my:**	**Yes**	**No**	**Don't remember**
Bowel and bladder function			
Memory/Thinking			
Mood			
Vision and Hearing			
Mobility or falls, use of cane or walker			
Weight loss and eating habits			
Feedback to doctor: (*e.g.: I was glad you asked about…, you could have asked me about….*)			

6. SOCIAL WELL BEING: **The trainee asked about my:**	**Yes**	**No**	**Don't remember**
Family and marital status			
Living arrangements			
Supports (family, friends, caregivers)			
Level of education and career			
Hobbies			
Financial situation			
Power-of-Attorney			
Personal safety (e.g. falls, fires, getting lost)			
Additional comments:			

7. EXAMINATION: **The trainee …**	**Yes**	**No**	**Don't remember**
Took my blood pressure while sitting/lying and standing			
Watched me walk			
Tested my mood			
Tested my memory			
Adapted the physical examination to accommodate my physical limitations			
Feedback to doctor:			

My Date of Birth (Month/Year): _____ My Sex: Male _____ Female _____

How far I went in school: _____ My Relationship to my Caregiver: _____