

Patient Name & DOB:

Screener Name:

Screening Complete?  Date:

**MODIFIED WHO ICOPE SCREENING TOOL**

*Assess fully any domain with a checked box.*

**MEMORY**

1. Remember three words: flower, door, rice (for example)

2. Orientation in time and space: What is the month, day, and year today?  
Where are you now (home, clinic, etc.)?

Wrong to either question or doesn't know

3. Recalls all three words?

No

**MOBILITY**

1. Are you able to get around without difficulty?

No

2. Do you require durable (e.g., cane, walker) medical equipment for moving around?

Yes

3. *\*In Person Only\* Chair rise test: Rise from the chair five times without using arms.  
Did the person complete 5 chair rises within 14 seconds?*

No

**NUTRITION**

1. Weight: Have you unintentionally lost more than 3kg/6.6lbs over the last three months?

Yes

2. Appetite: Have you experienced loss of appetite?

Yes

3. Are you able to eat without difficulty?

No

**VISION**

1. Are you having trouble seeing, even when wearing glasses or contacts?

Yes

2. Have you had an eye exam in the last 12 months?

No

**HEARING**

1. Are you having trouble hearing, even with hearing assistance (e.g., hearing aids)?

Yes

2. *\*In Person Only\* Hears whispers (whisper test) **OR**  
Screening audiometry result is 35 dB or less **OR**  
Passes automated app-based digits-in-noise test*

No

**MOOD**

1. Over the past two weeks, have you been bothered by:

- Feeling down, depressed, or hopeless?

Yes

- Little interest or pleasure in doing things?

Yes

- Feeling lonely or isolated?

Yes

**NOTES**

*Space for other comments.*