

**PALLCARE (Validation)**

During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based palliative care program?

1. Yes
2. No

**SEX (rcvd on pull list)**

Patient gender

**INLTCSET (Validation)**

Is there documentation in the medical record the patient lived long-term (greater than 60 consecutive days) in a VHA or community-based institutional setting anytime during the past year?

1. Yes
2. No
95. Not applicable

**ADVILLNS (Validation)**

During the past two years, is there documentation in the medical record the patient has an advanced illness diagnosis?

1. Yes
2. No

**ILLFLAG (rcvd on pull list)**

Patient flagged for advanced illness

**FRAILFLAG (rcvd on pull list)**

Patient flagged for frailty

**DEMEDS (Validation)**

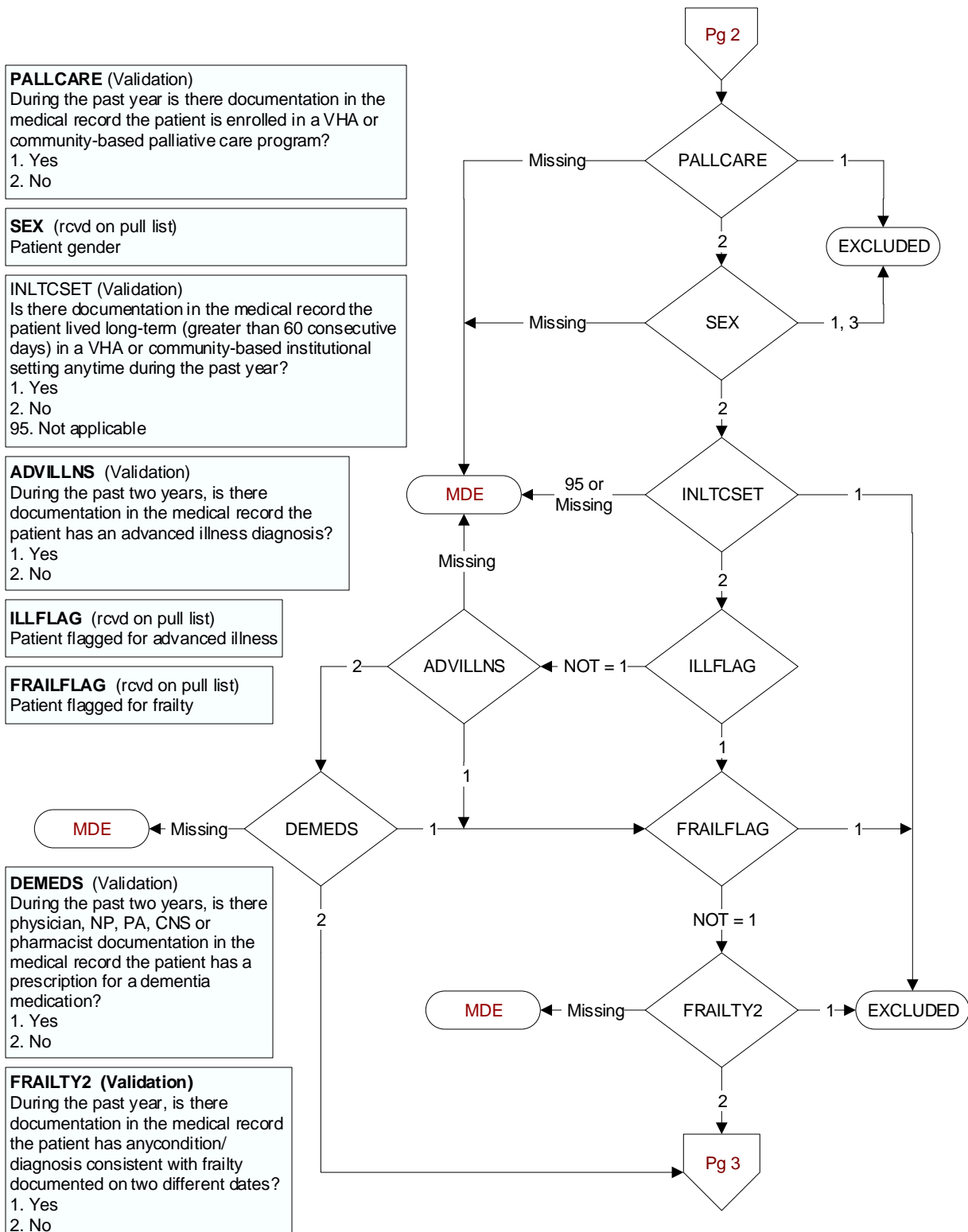
During the past two years, is there physician, NP, PA, CNS or pharmacist documentation in the medical record the patient has a prescription for a dementia medication?

1. Yes
2. No

**FRAILITY2 (Validation)**

During the past year, is there documentation in the medical record the patient has any condition/ diagnosis consistent with frailty documented on two different dates?

1. Yes
2. No



**OSTEOTX (PI)**

At any time prior to (computer to display stdyend - 1 year) is there documentation in the medical record the patient received any of the following medications for treatment of osteoporosis?

- denosumab, 1mg injection
- ibandronate sodium, 1 mg injection
- teriparatide, 10 mcg injection
- zoledronic acid, 1 mg

1. Yes
2. No

**OSTMED (PI)**

During the timeframe from (computer to display < = 3 years to stdybeg date and > 1 year prior to the stdyend) is there documentation in the medical record the patient had a dispensed prescription for any of the following medications for treatment of osteoporosis?

Description	Prescription
Bisphosphates	<ul style="list-style-type: none"> <li>• Alendronate</li> <li>• Alendronate-cholecalciferol</li> <li>• Ibandronate</li> <li>• Risedronate</li> <li>• Zoledronic acid</li> </ul>
Other agents	<ul style="list-style-type: none"> <li>• Abaloparatide</li> <li>• Denosumab</li> <li>• Raloxifene</li> <li>• Romosozumab</li> <li>• Teriparatide</li> </ul>

1. Yes
2. No

**OSTSCRN (PI)**

During the timeframe from (computer to display patient's 65th birthday to stdyend), is there documentation in the medical record of any of the following screening tests for osteoporosis?

- Ultrasound bone density (radial, wrist and/or heel)
- Computed Tomography, axial skeleton (hips, pelvis, spine)
- DEXA scan (hips, pelvis, and/or spine)
- DEXA scan (peripheral - radius, wrist and/or heel)
- Dual energy X-ray absorptiometry (DXA), (hips, pelvis, and/or spine)

1. Yes
2. No
98. Patient refused osteoporosis screening

