

FRAILTY QUESTIONNAIRE

For each question, please select **all** of the options that apply to you.

Two weeks **BEFORE** your current illness...

Q1. Did you need help with any of the following personal care?



Using the toilet



Getting dressed



Bathing/Showering



Walking

Stop here if you have selected **any of the options above.*

Q2. Did you need help with any of the following activities?



Going outside



Handling Money



Taking Medications

Stop here if you have selected **any of the options above.*

Q3. Did you feel constantly tired throughout the day?



Yes



No

Q4. Did you feel that you were walking slower than usual?



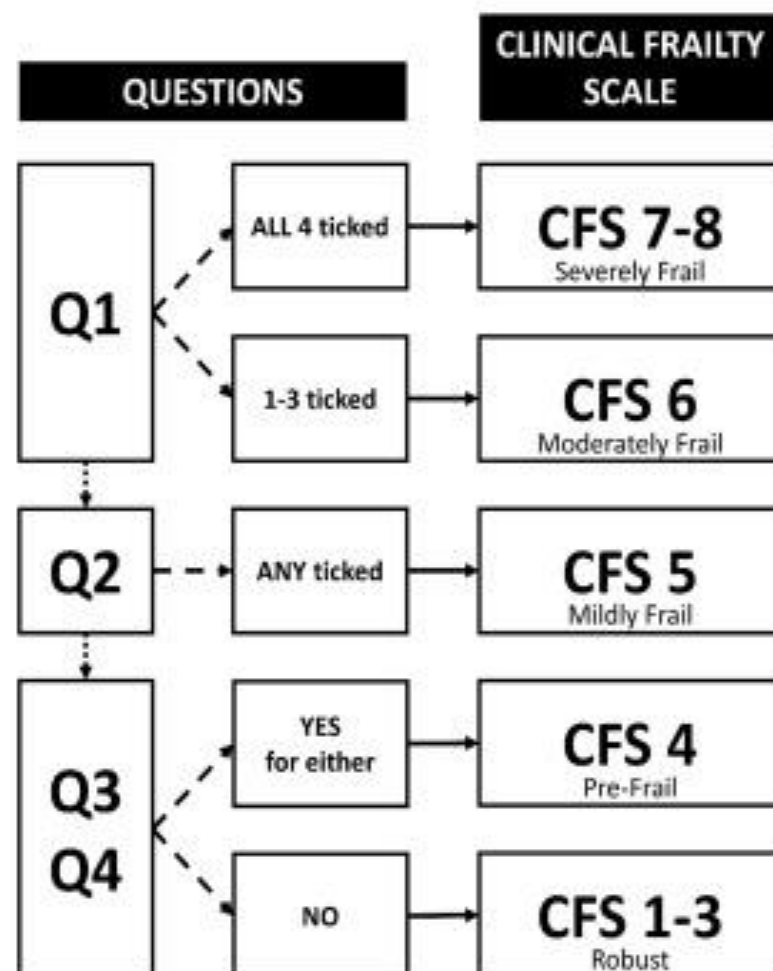
Yes



No

CLINICAL FRAILTY SCALE

Quick guide to scoring the CFS after completion of questionnaire



Rackwood K, Sang X, MacKnight C, et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ*. 2005;173(5):489-495. doi:10.1503/cmaj.050051.