Clinical Frailty Scale Health Questionnaire

For each question, please check the box that best describes your patient's usual health state. If they are currently ill, think about their health state approximately two weeks ago.

1) Is your patient terminally ill?

Yes	No
☐	☐

Basic Activities of Daily Living (BADLs)

2) Could your patient…	No, unable to do OR can only do with help from another person	Yes, without help from another person
… dress and undress yourself (including putting on socks and shoes)?	☐	☐
… eat?	☐	☐
… walk?	☐	☐
… get in and out of bed?	☐	☐
… take a bath or shower?	☐	☐

Instrumental Activities of Daily Living (IADLs)

3) Could your patient…	No, unable to do OR can only do with help from another person	Yes, without help from another person	N/A*
… use the telephone including looking up numbers and dialing?	☐	☐	☐
… go shopping for groceries or clothes?	☐	☐	☐
… prepare your own meals (including planning and cooking full meals)?	☐	☐	☐
… do your housework (including heavy housework)?	☐	☐	☐
… take your own medicine (including preparing it and taking the right dose at the right time)?	☐	☐	☐
… handle your own money (including writing cheques and paying bills)?	☐	☐	☐

**Never had to do before / always relied on someone else*

4) Has a doctor ever told your patient that they have or had chronic health conditions which are expected to last, or have already lasted, 6 months or more?	Yes	No
Emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking	☐	☐
High blood pressure or hypertension	☐	☐
Diabetes, borderline diabetes, or high blood sugar	☐	☐
Heart disease (including congestive heart failure or CHF)	☐	☐
Angina (or chest pain due to heart disease), heart attack, or myocardial infarction	☐	☐
Cancer	☐	☐
Memory problem	☐	☐
Dementia or Alzheimer's disease	☐	☐
Osteoarthritis in the knee, hip or hands	☐	☐
Rheumatoid or other type of arthritis	☐	☐
Peripheral vascular disease or poor circulation in your limbs	☐	☐
Stroke or CVA (cerebrovascular accident)	☐	☐
Mini-stroke or TIA (Transient Ischemic Attack)	☐	☐
Parkinsonism or Parkinson's disease	☐	☐
Intestinal or stomach ulcers	☐	☐
Bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome	☐	☐
Glaucoma	☐	☐
Macular degeneration	☐	☐
Osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones	☐	☐
Back problems, excluding fibromyalgia and arthritis	☐	☐
Underactive thyroid gland (sometimes called hypothyroidism or myxedema) or overactive thyroid gland (sometimes called hyperthyroidism or Graves' disease)	☐	☐
Kidney disease or kidney failure	☐	☐
Other conditions (if yes, record # of conditions: _____)	☐	☐

5) In general, would your patient say that their health is:

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

6) In a typical week, how often does your patient feel that everything they do is an effort?

Rarely or never (Less than 1 day)	Some of the time (1 to 2 days)	Occasionally (3 to 4 days)	All of the time (5 to 7 days)
☐	☐	☐	☐

7) In a typical week, how often does your patient engage in moderate or strenuous sports or recreational activities (such as dancing, golf without a cart, softball, jogging, swimming, cycling, or other similar activities)?

Never	Seldom (1 to 2 days)	Sometimes (3 to 4 days)	Often (5 to 7 days)
☐	☐	☐	☐

Adapted from the baseline Canadian Longitudinal Study on Aging questionnaires