## **Clinical Frailty Scale Health Questionnaire (Short Version)**

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	y ill?			
Yes			No	
2) With how many of the fo from another person?	llowing basic activities o	f daily living does your	patient require help with	
<ol> <li>Dressing and undressing</li> </ol>	ng themselves (including pu	ıtting on socks and shoes	)	
<ol><li>Taking a bath or showe</li></ol>	r			
3. Eating				
4. Walking				
5. Getting in and out of be	ed			
None	1-2 acti	vities	3-5 activities	
		4.		
- , ,	person? Icluding looking up number		s your patient require	
2. Going shopping for gro	476.4			
3. Preparing their own me	eals (including planning and	l cooking full meals)		
4. Doing their housework	(including heavy housewor	k)		
<ol><li>Taking their own medic</li></ol>	ine (including preparing it a	nd taking the right dose a	it the right time)	
<ol><li>Handling their own mor</li></ol>	ney (including writing chequ	ies and paying bills)		
*Exclude activities that the	e patient never had to do b	efore or had always relied	l on someone else to do	
None 1-4 activ		ities 5-6 activities		
4) How many chronic conc expected to last or have	litions has a doctor told y already lasted, 6 months		ve/had which are	
0-9 conditions		10 or more conditions		
5) In general, would you or	your patient say that the	ir health is:		
Excellent/Good			Fair/Poor	
6) In a typical week, how o	ften does your patient fee	el that everything they d	o is an effort?	
Rarely or never	Some of the time	Occasionally	All of the time	
(Less than 1 day)	(1 to 2 days)	(3 to 4 days)	(5 to <u>7</u> days)	
7) In a typical week, how o recreational activities (suc or other similar activities)?	h as dancing, golf withou	t a cart, softball, joggin	g, swimming, cycling,	
Never	Seldom	Sometimes	Often	
	(1 to 2 days)	(3 to 4 days)	(5 to 7 days)	
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