CLSA-Frailty Index Questionnaire

The following questions ask about some basic activities of daily living. Remember, these are activities that can be done without help, with some help, or which you are unable to do.

Can you …	*Yes, without help*	*Yes, with some help*	*No, unable to do*
… dress and undress yourself (including picking out clothes and putting on socks & shoes)?	☐	☐	☐
… take care of your own appearance, for example, combing your hair, shaving (if male)?	☐	☐	☐
… walk?	☐	☐	☐
… get in and out of bed?	☐	☐	☐
… take a bath or shower (including getting in or out of the tub)?	☐	☐	☐

The following questions ask about some other activities of daily living, activities that can be done without help, with some help or which you are unable to do. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

Can you …	*Yes, without help*	*Yes, with some help*	*No, unable to do*
… use the telephone, including looking up numbers and dialing?	☐	☐	☐
… get to places out of walking distance (i.e., you drive your own car, or travel alone on buses, or taxis)?	☐	☐	☐
… go shopping for groceries or clothes (taking care of all shopping needs yourself)?	☐	☐	☐
… prepare your own meals (i.e., you plan and cook full meals yourself)?	☐	☐	☐
… do your housework (i.e., you can clean floors, etc.)?	☐	☐	☐
… take your own medicine (in the right doses at the right time)?	☐	☐	☐
… handle your own money (i.e., you write cheques, pay bills, etc.)?	☐	☐	☐

Do you have difficulty with any of the following?	*No*	*Yes, a little difficult*	*Yes, somewhat difficult*	*Yes, very difficult*	*Unable to do*	*Don't do on doctor's orders*
Reaching or extending your arms above your shoulders	☐	☐	☐	☐	☐	☐
Stooping, crouching, or kneeling down	☐	☐	☐	☐	☐	☐
Pushing or pulling large objects like a living room chair	☐	☐	☐	☐	☐	☐
Lifting 10 pounds (or 4.5 kg) from the floor, like a heavy bag of groceries	☐	☐	☐	☐	☐	☐
Handling small objects, like picking up a coin from a table	☐	☐	☐	☐	☐	☐
Standing for a long period, around 15 minutes	☐	☐	☐	☐	☐	☐
Standing up after sitting in a chair	☐	☐	☐	☐	☐	☐
Walking alone up and down a flight of stairs	☐	☐	☐	☐	☐	☐
Walking 2 to 3 neighbourhood blocks	☐	☐	☐	☐	☐	☐
Making a bed	☐	☐	☐	☐	☐	☐
Washing your back	☐	☐	☐	☐	☐	☐
Using a knife to cut food	☐	☐	☐	☐	☐	☐
Recreational or work activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)	☐	☐	☐	☐	☐	☐

In general, would you say your health is…

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

Is your eyesight, using glasses or corrective lens if you use them…

Excellent	Very good	Good	Fair	Poor or non-existent (non-existent=blind)
☐	☐	☐	☐	☐

Is your hearing, using a hearing aid if you use one…

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

Do you consider yourself…

Overweight	Underweight	Just about right
☐	☐	☐

How many times have you had a fall in the past 12 months that was serious enough to limit some of your normal activities? For example, the fall resulted in a broken bone, bad cut, or sprain.

None	Once	Twice or more
☐	☐	☐

In the past week, how often did you feel …	*All of the time (5-7 days)*	*Occasionally (3-4 days)*	*Some of the time (1-2 days)*	*Rarely or never (less than 1 day)*
… that everything you did was an effort?	☐	☐	☐	☐
… lonely?	☐	☐	☐	☐
… that you could not “get going”?	☐	☐	☐	☐

In the past 12 months, have you seen a doctor for any of the following reasons?	*Yes*	*No*
Pneumonia	☐	☐
Urinary tract infection (UTI)	☐	☐

The following questions ask about chronic health conditions. We are interested in "long-term conditions" which are expected to last, or have already lasted 6 months or more and that have been diagnosed by a health professional.

Has a doctor ever told you that you …	*Yes*	*No*
… have osteoarthritis in the knee?	☐	☐
… have osteoarthritis in the hip?	☐	☐
… have osteoarthritis in one or both hands?	☐	☐
… have rheumatoid arthritis?	☐	☐
… have any other type of arthritis?	☐	☐
… have/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?	☐	☐
… have high blood pressure or hypertension?	☐	☐
… have diabetes, borderline diabetes or that your blood sugar is high?	☐	☐
… have heart disease (including congestive heart failure or CHF)?	☐	☐
… have angina (or chest pain due to heart disease)?	☐	☐
… have had a heart attack or myocardial infarction?	☐	☐
… have peripheral vascular disease or poor circulation in your limbs?	☐	☐
… have experienced a stroke or CVA (cerebrovascular accident)?	☐	☐
… have experienced a mini-stroke or TIA (transient ischemic attack)?	☐	☐
… have a memory problem?	☐	☐
… have dementia or Alzheimer's disease?	☐	☐
… had Parkinsonism or Parkinson's disease?	☐	☐
… have intestinal or stomach ulcers?	☐	☐
… have a bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome?	☐	☐
… experience bowel incontinence?	☐	☐
… experience urinary incontinence?	☐	☐
… have cataracts?	☐	☐
… have glaucoma?	☐	☐
… have macular degeneration?	☐	☐
… had cancer?	☐	☐
… have osteoporosis, sometimes called low bone mineral density, or thin, brittle or weak bones?	☐	☐
… have back problems, excluding fibromyalgia and arthritis?	☐	☐
… have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?	☐	☐
… have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?	☐	☐
… have kidney disease or kidney failure?	☐	☐

Adapted from the baseline Canadian Longitudinal Study on Aging questionnaires