·	PICTORIAL
PFFS	FIT-FRAIL SCALE

HCP VERSION

For each category, choose ONE picture that is closest to your patient's USUAL state. Circle the score below that picture and transfer it to the right.

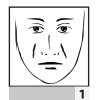
NAME: _	
_	
DATE:	
DATE: -	

TOTAL SCORE

BEST WORST

MOOD









SCORE



NUMBER OF MEDICATIONS











3 MOBILITY













4 FUNCTION













B BALANCE









BEST WORST

SOCIAL CONNECTIONS











SCORE

DAYTIME TIREDNESS











MEMORY AND THINKING











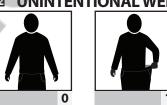
ID UNINTENTIONAL WEIGHT-LOSS **VISION** (WITH GLASSES IF NEEDED)













SCORE

HEARING (WITH HEARING AID IF NEEDED)













11 PAIN









