

## Brief Frailty Assessment

\*If you have recent assessments for any domain, you can substitute that information for the screen e.g. if cognitive impairment is already identified, you may choose to skip the cognition section

<b>Self-Rated Health</b>  Positive Screen <input type="checkbox"/>	For your age would you say, in general, your health is excellent, good, fair, poor or bad?  <p style="text-align: right;"><i>Positive screen: poor or bad</i></p>																																				
<b>Recent Hospitalization</b>  Positive Screen <input type="checkbox"/>	Have you been in the hospital in the past six months?      Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="text-align: right;"><i>Positive screen: Yes</i></p>																																				
<b>Social supports</b>  Positive Screen <input type="checkbox"/>	Is there someone that you can call and count on when you need help?      Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="text-align: right;"><i>Positive screen: No</i></p>																																				
<b>Activities of daily living (ADLs)</b>          Positive Screen <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">I= Independent</th> <th style="width: 20%; text-align: center;">SD = With Some difficulty</th> <th style="width: 20%; text-align: center;">D = Dependent</th> </tr> </thead> <tbody> <tr><td>Bathing</td><td style="text-align: center;">I</td><td style="text-align: center;">SD</td><td style="text-align: center;">D</td></tr> <tr><td>Dressing</td><td style="text-align: center;">I</td><td style="text-align: center;">SD</td><td style="text-align: center;">D</td></tr> <tr><td>Toileting</td><td style="text-align: center;">I</td><td style="text-align: center;">SD</td><td style="text-align: center;">D</td></tr> <tr><td>Transferring</td><td style="text-align: center;">I</td><td style="text-align: center;">SD</td><td style="text-align: center;">D</td></tr> <tr><td>Eating</td><td style="text-align: center;">I</td><td style="text-align: center;">SD</td><td style="text-align: center;">D</td></tr> </tbody> </table> <p style="text-align: right;"><i>Positive screen: areas in need of support (SD or D)</i></p>		I= Independent	SD = With Some difficulty	D = Dependent	Bathing	I	SD	D	Dressing	I	SD	D	Toileting	I	SD	D	Transferring	I	SD	D	Eating	I	SD	D												
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<b>Cognition – 3 word recall</b>	<p><b>Instruct: “I am going to say three words that I want you to remember now and later. The words are banana, sunrise, chair. Please say them now”</b></p> <p><i>Give the patient three tries to repeat the words. You may repeat the words to them for each try. If they are unable to repeat the words back to you after three tries, go directly to the clock drawing.</i></p>																																				
<b>Cognition – Clock Drawing Test</b>          Clock continued:  Positive Screen <input type="checkbox"/>	<p><i>Instruct: “Please draw a clock in the circle.” It is acceptable to provide a sheet of paper with the circle already drawn for the patient</i></p> <p><b>Instruct: “Put all the numbers in the circle”</b></p> <p><i>When #2 is completed, say, “Now set the hands to show ten past eleven.” If the patient has not finished the clock drawing in 3 minutes, discontinue and ask for the word recall items.</i></p> <p><b>Positive screen: any of the following errors indicate positive screen: not all numbers present, numbers repeated, numbers not in the right order or not clockwise, hands not pointing to the 11 and 2– hand length is not scored</b></p>																																				

<b>Cognition - Recall</b>  Positive Screen <input type="checkbox"/>	<p>You will be asking the patient to recall the set of 3 words you gave them at the beginning of the test. Say, <b>“What were the three words I asked you to remember?”</b> Administer this portion of the test even if the patient did not accurately repeat the 3 words earlier in #2 above.</p> <p>1) _____ 2) _____ 3) _____</p> <p style="text-align: right;"><b>Positive screen: not all words recalled</b></p>
<b>Visual impairment</b>  Positive Screen <input type="checkbox"/>	<p>Do you have difficulty driving, watching television, reading, or doing any of your daily activities because of your eyesight, even while wearing glasses?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive Screen: Yes</b></p>
<b>Hearing impairment</b>  Positive Screen <input type="checkbox"/>	<p>Hears whispered numbers at 2 feet</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive Screen: No</b></p>
<b>Urinary incontinence</b>  Positive Screen <input type="checkbox"/>	<p>Have you had urinary incontinence (lose your urine) that is bothersome?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive Screen: Yes</b></p>
<b>Nutrition</b>  Positive Screen <input type="checkbox"/>	<p>Have you lost weight in the last year without trying to? If yes, How much? _____</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive Screen: Loss of at least 5 percent of usual body weight in last year</b></p>
<b>Mobility</b>  Positive Screen <input type="checkbox"/>	<p>Have you fallen two or more times in the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you been afraid of falling because of balance or walking problems? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unsteady gait Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive Screen: Any yes response</b></p>
<b>Depression</b>  Positive Screen <input type="checkbox"/>	<p>0: not at all 1: several days 2: more than half the days 3: nearly every day</p> <p>Over the past two weeks, how often have you been bothered by:</p> <p>Little interest or pleasure in doing things? 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>Feeling down, depressed, or hopeless? 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive Screen: Total ≥3</b></p>
<b>Medication Review</b>  Positive Screen <input type="checkbox"/>	<p>Do you use 4 or more medications on a regular basis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive screen: yes</b></p>
<b>Financial Status</b>  Positive Screen <input type="checkbox"/>	<p>Sometimes people find that their income does not quite cover their living costs. In the last 12 months, has this happened to you? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p> <p style="text-align: right;"><b>Positive screen: yes</b></p>
<b>Advance planning</b>  Positive Screen <input type="checkbox"/>	<p>Do you have a Power of Attorney and Health Care Proxy/Advance Directive?</p> <p style="text-align: right;"><b>Positive screen: no to either question</b></p>
<b>Addictions Screen</b>  Positive Screen <input type="checkbox"/>	<p>Do you drink alcohol or use drugs? When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, ask CAGE -AID tool:</b> In the last three months:</p> <ul style="list-style-type: none"> <li>• have you felt you should Cut down or stop drinking/ using drugs? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking/using drugs? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• have you felt guilty or bad about how much you drink/use drugs? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• have you been waking up wanting to have an alcoholic drink/use drugs? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> <p style="text-align: right;"><b>Positive screen ≥ 1 on the CAGE-AID tool</b></p>

**References:**

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Ward, K. & Reuben, D. (2018). Comprehensive geriatric Assessment Uptodate: [https://www.uptodate.com/contents/comprehensive-geriatric-assessment#:~:text=%E2%97%8F-Comprehensive%20geriatric%20assessment%20\(CGA\)%20is%20defined%20as%20a%20multidisciplinary%20diagnostic,maximize%20overall%20health%20with%20aging.](https://www.uptodate.com/contents/comprehensive-geriatric-assessment#:~:text=%E2%97%8F-Comprehensive%20geriatric%20assessment%20(CGA)%20is%20defined%20as%20a%20multidisciplinary%20diagnostic,maximize%20overall%20health%20with%20aging.)

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