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# Patient Questionnaire

(Frailty Phenotype and FRAIL Scale)

Patient Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider initials: \_\_\_\_\_

## **Frail Phenotype Questionnaire**

### **Exhaustion:**

**1.a. In the past month, on the average, have you been feeling unusually tired during the day?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

**1.b. If yes, have you been feeling unusually tired:**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Refused / Don't Know

**2.a. In the past month, on the average, have you been feeling unusually weak during the day?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

**2.b. If yes, have you been feeling unusually tired:**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Refused / Don't Know

**3. From a scale of 0 - 10, where 0 is no energy and 10 is the most energy that you ever had, please give a number between 0 - 10 that describes your usual energy level while awake in the last month: \_\_\_\_\_**

**Activity:**

**During the past two weeks have you walked for exercise?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

How many times in the last 2 weeks? \_\_\_\_\_

How much time on average per occasion? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**During the past two weeks have you done moderately strenuous household chores, like scrubbing and vacuuming?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

How many times in the last 2 weeks? \_\_\_\_\_

How much time on average per occasion? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**During the past two weeks have you done moderately strenuous outdoor chores, like mowing or raking the lawn, shoveling snow or working in the garden?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

How many times in the last 2 weeks? \_\_\_\_\_

How much time on average per occasion? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**During the past two weeks have you been dancing?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

How many times in the last 2 weeks? \_\_\_\_\_

How much time on average per occasion? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**During the past two weeks have you been bowling?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

How many times in the last 2 weeks? \_\_\_\_\_

How much time on average per occasion? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**During the past two weeks have you participated in any regular exercise program, such as stretching or strengthening exercises, swimming or any other regular exercise program?**

Yes ☐ No ☐ Refused ☐ Don't Know ☐

How many times in the last 2 weeks? \_\_\_\_\_

How much time on average per occasion? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Handedness: Right                      Left

**Weakness:**

Grip Strength: \_\_\_\_\_ kg, \_\_\_\_\_ kg, \_\_\_\_\_ kg

Average: \_\_\_\_\_ kg

**Slowness:**

Time to walk 4 meters: \_\_\_\_\_ s, \_\_\_\_\_ s

Height:

## **FRAIL Scale Questionnaire**

### **Fatigue:**

- How much of the time during the past 4 weeks did you feel tired?

<b>All</b> of the time, <b>Most</b> of the time = 1	<b>Some</b> of the time, <b>A little</b> of the time, <b>None</b> of the time = 0
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### **Resistance:**

- By yourself and not using aids, do you have any difficulty walking up 10 steps without resting?

<b>All</b> of the time, <b>Most</b> of the time = 1	<b>Some</b> of the time, <b>A little</b> of the time, <b>None</b> of the time = 0
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### **Ambulation:**

- By yourself and not using aids, do you have any difficulty walking several hundred yards?

<b>All</b> of the time, <b>Most</b> of the time = 1	<b>Some</b> of the time, <b>A little</b> of the time, <b>None</b> of the time = 0
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### **Illness:**

- Did a doctor ever tell you that you have:

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Cancer	<input type="checkbox"/> Angina
<input type="checkbox"/> Chronic Lung Disease	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Stroke	(0 - 4) = 0 (5 - 11) = 1

**Loss of weight:**

- How much do you weigh with your clothes on and without shoes?  
[current weight]: \_\_\_\_\_ lb
- One year ago, how much did you weigh without your shoes and with  
your clothes on? [weight 1 year ago]: \_\_\_\_\_ lb

Percent weight change is computed as:

$((\text{weight last year} - \text{current weight}) / \text{weight last year}) * 100\%$ ,  
>5% weight loss unintentionally is significant (= 1)

**FRAIL Scale Results:**

non-frail: 0

pre-frail: 1 - 2

frail: 3 - 5