Frail Scale

Please ask the participant the following questions (not a self-assessment):

**Age:** ________

**Fatigue:** How much of the time during the past 4 weeks did you feel tired?
1 = All of the time, 2 = Most of the time, 3 = Some of the time, 4 = A little of the time, 5 = None of the time.

*Responses of “1” or “2” are scored as 1 and all others as 0.*

**Score_____**

**Resistance:** By yourself and not using aids, do you have any difficulty walking up 10 steps without resting? 1 = Yes, 0 = No.

**Score_____**

**Ambulation:** By yourself and not using aids, do you have any difficulty walking a couple of blocks (e.g. several hundred yards)? 1 = Yes, 0 = No.

**Score_____**

**Illnesses:** Did a doctor ever tell you that you have [illness]? How many (see list below): _______

*The total illnesses (0–11) are recoded as 0–4 = 0 and 5–11 = 1.*

*The illnesses include hypertension, diabetes, cancer (other than a minor skin cancer), chronic lung disease, heart attack, congestive heart failure, angina, asthma, arthritis, stroke, and kidney disease.*

**Score_____**

**Loss of weight:** How much do you weigh? __________ [current weight]
One year ago in May of 2018, how much did you weigh? _______

Percent weight change is computed as: \[
\frac{\text{[weight 1 year ago - current weight]}}{\text{weight 1 year ago}} \times 100.
\]

*Percent change > 5 (representing a 5% loss of weight) is scored as 1 and < 5% as 0.*

Score _____

**Total Score: ______**

A score of 0 represents robust health status

1-2: Pre-frail

3-5: Frail

Frailty has been significantly associated with malnutrition.

If the participant screens as Pre-frail or Frail, ask if they have been admitted to the hospital in the past 3 months (Y/N)? _______

Woo, Jean et al. Frailty Screening in the Community Using the FRAIL Scale. *Journal of the American Medical Directors Association*, Volume 16, Issue 5, 412 – 419
