

Frail Scale

ELEMENT	QUESTION	SCORING	RESULT
Fatigue	How much of the time during the past four weeks did you feel tired? A = All or most of the time B = Some, a little, or none of the time	A = 1 B = 0	
Resistance	In the last four weeks by yourself and not using aids, do you have any difficulty walking up 10 steps without resting?	Yes = 1 No = 0	
Ambulation	In the last four weeks by yourself and not using aids, do you have any difficulty walking 400m OR one block?	Yes = 1 No = 0	
Illnesses	Did your doctor ever tell you that you have: * Hypertension? * Diabetes? * Cancer (not a minor skin cancer)? * Chronic lung disease? * Heart attack? * Congestive heart failure? * Angina? * Asthma? * Arthritis? * Kidney disease?	0-4 ticked = 0 5-11 ticked = 1	
Loss of weight	Have you lost more than 5kg or 5% of your body weight in the past year?	Yes = 1 No = 0	
Total score		0 = Robust 1-2 = Pre-frail >3 = Frail	

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