

FRAIL SCALE RISK ASSESSMENT

	QUESTION	SCORING	RESULT
F	FATIGUE How much of the time during the past 4 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	
R	RESISTANCE In the last 4 weeks by yourself and not using aids, do you have any difficulty walking up 10 steps without resting?	Yes = 1 No = 0	
A	AMBULATION In the last 4 weeks by yourself and not using aids, do you have any difficulty walking 300 metres OR one block?	Yes = 1 No = 0	
I	ILLNESS Did your Doctor ever tell you that you have? <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer (not a minor skin cancer) <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Heart attack <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Angina <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis <input type="checkbox"/> Kidney disease	0 – 4 answers ✓ = 0 5 – 11 answers ✓ = 1	
L	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			
SCORING: ROBUST = 0 PRE-FRAIL = 1-2 FRAIL = >3			



SYDNEY NORTH
Primary Health Network