

# Rockwood Clinical Frailty Scale


## FRAILTY QUESTIONNAIRE

*For each question, please select all of the options that apply to you.*


Two weeks **BEFORE** your current illness...

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Q1. Did you need help with any of the following personal care?




Using the toilet



Getting dressed



Bathing/showering




Walking


*\*Stop here if you have selected any of the options above.*

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Q2. Did you need help with any of the following activities?



Going outside



Handling money




Taking medications


*\*Stop here if you have selected any of the options above.*

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Q3. Did you feel constantly tired throughout the day?




Yes




No

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Q4. Did you feel that you were walking slower than usual?



Yes



No

