

Saint Louis University

Rapid Geriatric Assessment*

*There is no copyright on these screening tools and they may be incorporated into the Electronic Health Record without permission and at no cost.

ID#: _____ Sex: _____ Age: _____ Primary Care Provider Y / N
 Ethnicity (circle): African/Am Asian Caucasian Hispanic Non-Hispanic

The Simple "FRAIL" Questionnaire Screening Tool

F

Strength

How much difficulty do you have in lifting and carrying 10 pounds?

Scoring: None = 0 Some = 1 A lot or unable = 2

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Assistance in Walking How much difficulty do you have walking across a room?

Scoring: None = 0 Some = 1 A lot, use aids or unable = 2

Rise from a Chair How much difficulty do you have transferring from a chair or bed?

Scoring: None = 0 Some = 1 A lot or unable without help = 2

Climb stairs How much difficulty do you have climbing a flight of ten stairs?

Scoring: None = 0 Some = 1 A lot or unable = 2

Falls How many times have you fallen in the last year?

Scoring: None = 0 1-3 Falls = 1 4 or more falls = 2

Total score of 4 or more indicates Sarcopenia

From Malmstrom TK, Morley JE. J Frailty and Aging 2013;2:55-6.

SNAQ (Simplified Nutritional Assessment Questionnaire)

My appetite is

- a. very poor
- b. poor
- c. average
- d. good
- e. very good

Food tastes

- a. very bad
- b. bad
- c. average
- d. good
- e. very good

Scoring: a=1, b=2, c=3, d=4, e=5.

Rapid Cognitive Screen (RCS)

1. Please remember these five objects. I will ask you what they are later.

[Read each object to patient using approx. 1 second intervals.]

Apple Pen Tie House Car

2. [Give patient pencil and the blank sheet with clock face.] This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock

[2 pts/hr markers ok; 2 pts/time correct]

• What were the five objects I asked you to remember?
[1 pt/ea]

• I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.