

# GFI ( Groningen Frailty Index )

Circle the appropriate answer and add scores

	YES	NO	
<b>Mobility.</b> Can the patient perform the following tasks without assistance from another person ( walking aids such as a can or a wheelchair are allowed)			
1. Grocery shopping	0	1	
2. Walk outside house ( around house or to neighbour)	0	1	
3. Getting (un)dressed	0	1	
4. Visiting restroom	0	1	
<b>Vision</b>			
5. Does the patient encounter problems in daily life because of impaired vision?	1	0	
<b>Hearing</b>			
6. Does the patient encounter problems in daily life because of impaired hearing?	1	0	
<b>Nutrition</b>			
7. Has the patient unintentionally lost a lot of weight in the past 6 months (6kg in 6 months or 3kg in 3 months)?	1	0	
<b>Co-morbidity</b>			
8. Does the patient use 4 or more different types of medication?	1	0	
	<b>YES</b>	<b>NO</b>	<b>SOMETIMES</b>
<b>Cognition</b>			
9. Does the patient have any complaints on his/her memory (or diagnosed with dementia)?	1	0	0
<b>Psychosocial</b>			
10. Does the patient ever experience emptiness around him? <i>e.g. You feel so sad that you have no interest in your surroundings. Or if someone you love no longer love you, how do you feel?</i>	1	0	1
11. Does the patient ever miss the presence of other people around him? <i>Or do you miss anyone you love?</i>	1	0	1
12. Does the patient ever feel left alone? <i>e.g. You wish there is someone to go with you for something important.</i>	1	0	1
13. Has the patient been feeling down or depressed lately?	1	0	1
14. Has the patient felt nervous or anxious lately?	1	0	1
<b>Physical Fitness</b>			
15. How would the patient rate his/her own physical fitness? (0-10 ; 0 is very bad, 10 is very good) 0 – 6 = 1 7 – 10 = 0	1	0	
<b>TOTAL SCORE GFI</b>			

## Appendix 6 – PS (Performance Status)

0		Normal activity without restriction.
1		Restricted in physically strenuous activity but ambulatory and able to carry out light work.
2		Ambulatory and capable for all self-care, unable to carry out any work and about >50% of waking hours.
3		Capable only limited self-care, confined to bed or chair and about <50% of waking hours.
4		Completely disabled, cannot carry on any self-care, totally confined to bed or chair.