



## Gérontopôle Frailty Screening Tool (GFST)

Patients aged 65 years and older without both functional disability (Activities of Daily Living score  $\geq 5/6$ ) and current acute disease.

	<b>YES</b>	<b>NO</b>	<b>Do not know</b>
Does your patient live alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your patient involuntarily lost weight in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your patient been more fatigued in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your patient experienced increased mobility difficulties in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your patient complained of memory problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your patient present slow gait speed (i.e., >4 seconds to walk 4 meters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you have answered YES to one or more of these questions:*

Do you think your patient is frail?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
If <b>YES</b> , is your patient willing to be assessed for his/her frailty status at the Frailty Clinic?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>