


Frail Scale Risk Assessment

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	Frail Scale Risk Assessment
Clinical Area(s)	Aged care
Description of Use	The use of a validated screening tool will ensure accuracy, reliably and consistency of identification of frailty. In Northern Sydney we recommend frailty.
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	<div><div>FRAIL SCALE RISK ASSESSMENT</div><div><div>QUESTION</div><div><div>FATIGUE</div><div>HOW MUCH OF THE TIME DURING THE PAST 4 WEEKS DID YOU FEEL TIRED?<div><div><input type="radio"/> All or most of the time</div><div><input type="radio"/> Some, a little or none of the time</div></div></div></div><div><div>RESISTANCE</div><div>IN THE LAST 4 WEEKS BY YOURSELF AND NOT USING AIDS, DO YOU HAVE ANY DIFFICULTY WALKING UP 10 STEPS WITHOUT RESTING?<div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div></div></div><div><div>AMBULATION</div><div>IN THE LAST 4 WEEKS BY YOURSELF AND NOT USING AIDS, DO YOU HAVE ANY DIFFICULTY WALKING 300 METRES OR ONE BLOCK?<div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div></div></div><div><div>ILLNESS</div><div>DID YOUR DOCTOR EVER TELL YOU THAT YOU HAVE?<div><div><input type="radio"/> 0-4 answers</div><div><input type="radio"/> 5-11 answers</div></div><div>HYPERTENSION, DIABETES, CANCER (NOT A MINOR SKIN CANCER), CHRONIC LUNG DISEASE, HEART ATTACK, CONGESTIVE HEART FAILURE, ANGINA, ASTHMA, ARTHRITIS, KIDNEY DISEASE</div></div></div><div><div>LOSS OF WEIGHT</div></div></div></div>

Report
Preview

Mrs Patient Marie TEST 		Born 12-Dec-1990 (32y) Gender Female 32y at the time of observation	
Address 12 Demo Street MAROOCHYDORE QLD 4558		Phone (07)54566000	Medicare No 4608688371/1
Specimen	Lab No 9FCB7C8C-BFD8-48A3-8341-4A62222CDE25	Request Date 10/02/2023 12:07 PM	Effective Date 10/02/2023 12:07 PM
			Generated Date 10/02/2023 12:06 PM

Frail Scale Risk Assessment (E DAY)

QUESTION

Fatigue

How much of the time during the past 4 weeks did you feel tired? **All or most of the time**

Resistance

In the last 4 weeks by yourself and not using aids, do you have any difficulty walking up 10 steps without resting? **No**

Ambulation

In the last 4 weeks by yourself and not using aids, do you have any difficulty walking 300 metres OR one block? **Yes**

Illness

Did your Doctor ever tell you that you have? Hypertension, diabetes, cancer (not a minor skin cancer), chonic lung disease, heart attack, congestive heart failure, angina, asthma, arthritis, kidney disease **5-11 answers**

Loss of weight

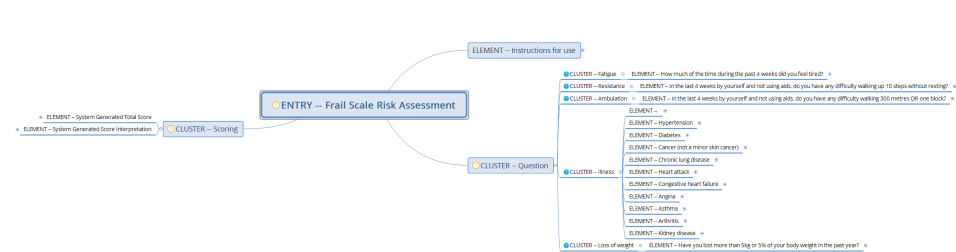
Have you lost more than 5kg or 5% of your body weight in the past year? **Yes**

SCORING

System Generated Total Score **4**

System Generated Score Interpretation **Frail**

Mind Map



Excel File
/Structure

CEN_Frail_Scale_Risk_Assessment.v1.xlsx

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