**Self-assessment tool based on the clinical frailty score**

**Please tick the statement which most accurately describes you:**

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| --- | --- | --- |
| X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\1. very fit.PNG | 1. **I am robust, active, energetic and motivated. I exercise regularly. I am amongst the fittest for my age.** |  |
| **X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\2. well.PNG** | 1. **I have no active symptoms but I am less fit than above. I often exercise or I am occasionally very active.** |  |
| **X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\3. managing well.PNG** | 1. **My medical problems are well controlled, but I am not regularly active beyond routine walking.** |  |
| **X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\4. vulnerable.PNG** | 1. **Whilst I am not dependent on others for daily help, often my symptoms limit my activities. I sometimes feel slowed up and/or tired during the day.** |  |
| **X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\5. mildly frail.PNG** | 1. **I often feel slowed up and need help with things like finances, heavy housework and medication. I have increasing difficulty with shopping, meal preparation, housework and walking outside alone.** |  |
| **X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\6. moderately frail.PNG** | 1. **I need help with all outside activities. Inside I often have problems with stairs and need help with housework and bathing. I might need minimal help with dressing.** |  |
| **X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\7. severely frail.PNG** | 1. **I am completely dependent on others for personal care. My condition is stable though.** |  |
| **X:\Year Of Care Partnerships\Resource Development\frailty resources\CFS self completion new resource\8. very severely frail.PNG** | 1. **I am completely dependent on others.** |  |