

## Appendix

		Yes	No
<b>1</b>	<b>Are you older than 85 years?</b>		
<b>2</b>	<b>Are you male?</b>		
<b>3</b>	<b>In general, do you have any health problems that require you to limit your activities?</b>		
<b>4</b>	<b>Do you need someone to help you on a regular basis?</b>		
<b>5</b>	<b>In general, do you have any health problems that require you to stay at home?</b>		
<b>6</b>	<b>If you need help, can you count on someone close to you?</b>		
<b>7</b>	<b>Do you regularly use a stick, walker or wheelchair to move about?</b>		
	<b>Total</b>		

Yes-answers are given one point each; No-answers are given zero points. A score of three or above indicates frailty.