

PRISMA7

Name :

Assessed by :

Date :

A score of three or more indicates frailty.

- 1.Are you more than 85 years?
- 2.Male?
- 3.In general do you have any health problems that require you to limit your activities?
- 4.Do you need someone to help you on a regular basis?
- 5.In general do you have any health problems that require you to stay at home?
- 6.In case of need can you count on someone close to you?
- 7.Do you regularly use a stick, walker or wheelchair to get about?

Score :