



PRISMA-7 Questionnaire

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

► Instructions:

- For questions 3 through 7, do not interpret the answer; simply note the person's answer without considering whether or not it should be "yes" or "no".
- If the respondent hesitates between "yes" and "no", ask him/her to choose one of the two answers.
- If, despite several attempts, he/she persists in answering "a little" or "at times", enter "yes".

SCORING: If the respondent had 3 or more "yes" answers, this indicates an increased risk of frailty and the need for further clinical review.

Reference:

Raîche, M., R. Hébert, M-F. Dubois, and the PRISMA partners. User guide for the PRISMA-7 questionnaire to identify elderly people with severe loss of autonomy. In *Integrated service delivery to ensure persons' functional autonomy*, ed. R. Hébert, A. Tourigny, and M. Gagnon, 147-65. Quebec: Edisem.

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