

Supplementary material

FRAILTY ASSESSMENT AND SCREENING TOOL (FAST)

WE WILL BE ASKING YOU A FEW QUESTIONS REGARDING YOUR HEALTH WHICH WILL HELP IN OUR RESEARCH WORK FOR THE ASSESSMENT AND BETTER CARE OF OLDER ADULTS IN FUTURE. YOUR COOPERATION WILL BE HIGHLY APPRECIATED. YOU ARE REQUESTED TO ANSWER THE FOLLOWING QUESTIONS.

NAME:

DATE:

DATE OF BIRTH/ AGE:

Domain	No	Question	Yes	No
Nutrition	1	Over the past 6 months has your appetite reduced?	1	0
	2	Over the past 6 months have you lost 5 kg or more?	1	0
Memory	3	Do your family or your friends point out your memory loss frequently? E.g. "you ask the same question over and over again."	1	0
Mobility	4	Do you have difficulty in standing up from sitting position?	1	0
	5	Over the past 6 months do you feel that you are more confined to your bedroom?	1	0
Functional status	6	Over the past 6 months do you feel tired for most of the day?	1	0
	7	Over the past 6 months has your physical health declined?	1	0
Physical performance	8	I would like you to sit in this chair with your arms and back resting then when I say go, please stand up and walk to the mark on the floor(approximately 3 meters), return to the chair and sit down.0-20 sec : No, Yes>20 sec: Patient unwilling, requires assistance	1	0
Mood	9	Over the past 2 weeks, have you been bothered by the following? a. Little interest or pleasure in doing things? b. Feeling down, depressed or hopeless?	1	0
General health status	10	Does your current state of health affect your day-to-day activities?	1	0
Medication use and multi-morbidity	11	Do you use five or more medication prescriptions on a regular basis?	1	0
	12	Do you have two or more diseases and/or chronic disorders?	1	0
Continence	13	Do you have a problem with losing control of urine or stool when you don't want to?	1	0
Pain	14	Over the past 6 months has bodily pain limited your normal day-to-day work?	1	0

Total Score: /14

Scoring:

0-4: Robust

5-6: Pre-frail

7-14: Frail

Administered by: