# Frailty Level Descriptions

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<th>FRAILTY LEVEL</th>
<th>FRAILTY LEVEL DESCRIPTION</th>
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| 1 - 3     | WELL          | ☐ Minor subjective complaints  
            | ☐ Cognitively intact (recall 2-3/3, normal clock) |
| 4         | VULNERABLE    | ☐ Starting to slow down or often tired during the day  
            | ☐ Symptoms (i.e. SOB, pain) limit activities but do not require assistance  
            | ☐ Mild Cognitive Impairment (MCI) (recall 0-1, gives details TV / what brings them to hospital), or delirious (confused today compared to their usual self) or prior episode of delirium |
| 5         | MILD FRAILTY  | ☐ Walks slowly, regularly uses/needs a gait aid  
            | ☐ Needs help with Instrumental Activities of Daily Living (IADLs)  
            | ☐ Mild stage dementia (i.e., at baseline can’t recall current events) |
| 6         | MODERATE FRAILTY | ☐ Needs hands-on help using stairs or getting into the tub  
            | ☐ Needs reminders to change clothes and/or choose season-appropriate clothes  
            | ☐ Needs reminders to bathe and/or someone to prepare a bath or shower  
            | ☐ Moderate stage dementia (i.e., at baseline can’t name Prime Minister/grandchildren) |
| 7         | SEVERE FRAILTY| ☐ Needs hands-on assistance for walking  
            | ☐ Needs daily hands-on help to carry out the steps for grooming, bathing or dressing (ADLs)  
            | ☐ Severe stage dementia (i.e., at baseline can’t name first degree relatives such as children/siblings/spouse) |
| 8         | VERY SEVERE FRAILTY | ☐ Bed-bound, does not mobilize  
            | ☐ Dependent on others for all aspects of day-to-day life  
            | ☐ Very severe stage dementia (i.e., at baseline speaks less than 10 words) |

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**Rules of Engagement for scoring frailty:**

1. The cognitive screen is ONLY valid for staging frailty if the collateral says that the patient is at their cognitive baseline. If the patient is NOT at baseline, consider delirium.
2. Regardless of cognitive status, information used to inform function and mobility is from the collateral historian or healthcare providers’ observation of the patient.
3. Score refers to BASELINE function, mobility and cognition. Function, mobility, or cognition during an acute illness may not represent baseline frailty. Patients may achieve a new baseline frailty prior to discharge.
4. The “worst” score wins.
5. If the patient reaches a new plateau (i.e. new baseline) then their frailty level should be re-assessed.

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