



# Saint Louis University Rapid Geriatric Assessment\*



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ID#: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Care Provider Y / N  
Ethnicity (circle): African/Am Asian Caucasian Hispanic Non-Hispanic

## The Simple “FRAIL” Questionnaire Screening Tool

- F**atigue: Are you fatigued?
- R**esistance: Cannot walk up one flight of stairs?
- A**erobic: Cannot walk one block?
- I**llnesses: Do you have more than 5 illnesses?
- L**oss of weight: Have you lost more than 5% of your weight in the last 6 months?

**Scoring: 3 or greater = frailty; 1 or 2 = prefrail**

From Morley JE, Vellas B, Abellan van Kan G, et al. J Am Med Dir Assoc 2013;14:392-397.

**Total FRAIL Score:** \_\_\_\_\_

## SARC-F Screen for Sarcopenia (Loss of Muscle)

Component	Question
<b>S</b> trength	How much difficulty do you have in lifting and carrying 10 pounds? Scoring: None = 0 Some = 1 A lot or unable = 2
<b>A</b> ssistance in Walking	How much difficulty do you have walking across a room? Scoring: None = 0 Some = 1 A lot, use aids or unable = 2
<b>R</b> ise from a Chair	How much difficulty do you have transferring from a chair or bed? Scoring: None = 0 Some = 1 A lot or unable without help = 2
<b>C</b> limb stairs	How much difficulty do you have climbing a flight of ten stairs? Scoring: None = 0 Some = 1 A lot or unable = 2
<b>F</b> alls	How many times have you fallen in the last year? Scoring: None = 0 1-3 Falls = 1 4 or more falls = 2

**Total score of 4 or more indicates Sarcopenia**

From Malmstrom TK, Morley JE. J Frailty and Aging 2013;2:55-6.

**Total SARC-F Score:** \_\_\_\_\_

## SNAQ (Simplified Nutritional Assessment Questionnaire)

<p><b>My appetite is</b></p> <p>a. very poor b. poor c. average d. good e. very good</p> <p><b>When I eat</b></p> <p>a. I feel full after eating only a few mouthfuls b. I feel full after eating about a third of a meal c. I feel full after eating over half a meal d. I feel full after eating most of the meal e. I hardly ever feel full</p>	<p><b>Food tastes</b></p> <p>a. very bad b. bad c. average d. good e. very good</p> <p><b>Normally I eat</b></p> <p>a. Less than one meal a day b. One meal a day c. Two meals a day d. Three meals a day e. More than three meals a day</p>
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**Scoring: a=1, b=2, c=3, d=4, e=5.**  
**A score ≤14 indicates significant risk of at least 5% weight loss within 6 months.**

From Wilson et al. Am J Clin Nutr 2005;82:1074-81.

**Total SNAQ Score:** \_\_\_\_\_

## Rapid Cognitive Screen (RCS)

1. **Please remember these five objects. I will ask you what they are later.**  
[Read each object to patient using approx. 1 second intervals.]  
**Apple Pen Tie House Car**
2. [Give patient pencil and the blank sheet with clock face.] **This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.**  
• [2 pts/hr markers ok; 2 pts/time correct]
3. **What were the five objects I asked you to remember?**  
[1 pt/ea]
4. **I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.**

**Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then topped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.**

**What state did she live in?** [1 pt]

**SCORING**

8-10.....	Normal
6-7.....	Mild Cognitive Impairment
0-5.....	Dementia

From Malmstrom TK, Voss VB, Cruz-Oliver DM et al J Nutr Health Aging 2015;19:741-744.

**Total RCS Score:** \_\_\_\_\_

## Advance Directive

Do you have an advance directive? Y/N

Are you lonely? Y/N