PRISMA-7 Questionnaire

Name:		
Date:		
<u>CLIENT QUESTIONS</u>	YES	NO
1.Are you older than 85 years?		
2.Are you 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. If you need help, can you count on someone close to you?		
7.Do you regularly use a stick, walker or wheelchair to move about?		
Total Checked		

Document created for use with Pilot Project: *Addressing the Needs of Frail Seniors* between Victoria Division of Family Practice and Seniors Health, Island Health, February 2, 2015

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.

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

References:

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.