



Supplemental Materials for

FI-CGA and eFI-CGA in Frailty Care: a Scoping Review

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Listing of Supplemental Material(s):

- **Appendix S1 A:** A Standard CGA Paper Form
- **Appendix S1 B:** EMR-embedded eCGA / eFI-CGA
- **Appendix S1 C:** EMR- Standalone eCGA / eFI-CGA
- **Appendix S1 D:** Web-based eCGA / eFI-CGA Homepage

Supplementary Appendix SI-A: A Standard CGA Paper Form

Capital Health

Comprehensive Geriatric Assessment Form

WNL = Within Normal Limits
IND = Independent

ASST = Assisted
DEP = Dependant

Cognitive Status

WNL Dementia MMSE _____
 CIND/MCI Delirium FAST _____
 Chief lifelong occupation: _____ Education: (years) _____

Patient contact (Pt.):

- Inpatient
- Clinic
- GDH
- NH
- Outreach
- Home
- Assisted living
- ER
- Other

Emotional WNL ↓ Mood Depression Anxiety Fatigue Other

Motivation High Usual Low **Health Attitude** Excellent Good Fair Poor Couldn't say

Communication **Speech** WNL Impaired **Hearing** WNL Impaired **Vision** WNL Impaired

Strength WNL Weak Upper: PROXIMAL DISTAL Lower: PROXIMAL DISTAL

Mobility	Transfers	Walking	Aid	BASELINE (two weeks ago)			CURRENT (today)			NOTES
				IND	ASST	DEP	IND	ASST	DEP	

Balance	Balance	Falls	WNL		Impaired		WNL		Impaired	
			N	Y	Number	Number	N	Y	Number	Number

Elimination	Bowel	Bladder	BASELINE (two weeks ago)			CURRENT (today)		
			CONT	CONSTIP	INCONT	CONSTIP	CONT	INCONT

Nutrition	Weight	Appetite	BASELINE (two weeks ago)			CURRENT (today)		
			GOOD	UNDER	OVER	STABLE	LOSS	GAIN

ADLs	Feeding	Bathing	Dressing	Toileting	BASELINE (two weeks ago)			CURRENT (today)		
					WNL	FAIR	POOR	WNL	FAIR	POOR

IADLs	Cooking	Cleaning	Shopping	Medications	Driving	Banking	BASELINE (two weeks ago)			CURRENT (today)		
							IND	ASST	DEP	IND	ASST	DEP

How many month since well?

Current Frailty Score:

Scale	Pt.	CG
1. Very fit		
2. Well		
3. Well c Rx'd co-morbid disease		
4. Apparently vulnerable		
5. Mildly frail		
6. Moderately frail		
7. Severely frail		
8. Very severely ill		
9. Terminally ill		

Sleep Normal Disrupted Daytime drowsiness **Socially Engaged** Freq Occ Not

Social

- Married Divorced Widowed Single
- Lives** Alone Spouse Other
- Advance directive in place?

Home

- House (Levels _____)
- Steps (Number _____)
- Apartment
- Assisted living
- Nursing home
- Other

Supports

- Informal
- HCNS
- Other
- Reg. more support
- None

Caregiver relationship

- Spouse
- Sibling
- Offspring
- Other

Caregiver Stress

- None
- Low
- Moderate
- High

Caregiver occupation: (CG)

ACTION REQUIRED (check appropriate circles)

Problems:

1. RFR
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

Med adjust req.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Associated Medication: (*mark meds started in hospital with an asterisk)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



Assessor/Physician: _____

Date: _____
YYYY/MM/DD

Supplementary Appendix SI-B: EMR-embedded eCGA / eFI-CGA

Name: DOB: Home: Cell: Work:
 Other phone: Age: Sex: Next Appt: with:

Place of Service:

Patient: Gender/Sex: Chief Lifelong Occupation:
 DOB: PHN: EMR File Number: Education (years):

CrCl (Creatine Clearance)

Cognition WNL CIND/MCI Dementia Delirium Y N MoCA: Mini-Cog: FAST:

Emotional Mood Y N Depression Y N Anxiety Y N Fatigue Y N Hallucination Y N Delusion Y N Other Y N

Motivation High Usual Low Health Attitude Excellent Good Fair Poor PT Couldn't Stay

Communication Speech WNL Impaired Hearing WNL Impaired Vision WNL Impaired

Sleep WNL Disrupted Daytime Drowsiness Y N Pain None Moderate Extreme

Immunisations Zoster Y N Influenza Y N Pneumococcal Y N Tetanus + Diphtheria Y N Hep A Y N Hep B Y N

Advanced Directive in Place Y N Code Status Do not resuscitate Resuscitate

Control of Life Events Y N Usual Activities No Problem Some Problem Unable

Exercise Frequent Occasional Not Smoker Current Ever Never

Strength WNL Weak UPPER Proximal Y N Distal Y N LOWER Proximal Y N Distal Y N

		Clinical Frailty Score		
		Scale	Pt.	CG
<input type="checkbox"/> Balance	Balance <input type="radio"/> WNL <input type="radio"/> Impaired Falls <input type="text"/>	1. Very fit	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Mobility	Walk Outside <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> Can't Walking <input type="radio"/> IND <input type="radio"/> SLOW <input type="radio"/> ASST <input type="radio"/> DEP Transfers <input type="radio"/> IND <input type="radio"/> Stand By <input type="radio"/> ASST <input type="radio"/> DEP Bed <input type="radio"/> IND <input type="radio"/> PULL <input type="radio"/> ASST <input type="radio"/> DEP Aid <input type="radio"/> None <input type="radio"/> Cane <input type="radio"/> Walker <input type="radio"/> Chair STSTS Time: <input type="text"/> Attempts: <input type="text"/> CRS Arms <input type="radio"/> Y <input type="radio"/> N	2. Well	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Nutrition	Weight <input type="radio"/> Good <input type="radio"/> Under <input type="radio"/> Over <input type="radio"/> Obese Appetite <input type="radio"/> WNL <input type="radio"/> Fair <input type="radio"/> Poor	3. Well with Rx'd co-morbid disease	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Elimination	Bowel <input type="radio"/> CONT <input type="radio"/> INCONT Constip <input type="radio"/> Y <input type="radio"/> N Bladder <input type="radio"/> CONT <input type="radio"/> INCONT Catheter <input type="radio"/> Y <input type="radio"/> N	4. Apparently vulnerable	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> ADLs	Feeding <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Bathing <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Dressing <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Toileting <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP	5. Mildly Frail	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> IADLs	Cooking <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Cleaning <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Shopping <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Meds <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Driving <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP Banking <input type="radio"/> IND <input type="radio"/> ASST <input type="radio"/> DEP	6. Moderately Frail	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Enough Income? <input type="radio"/> Y <input type="radio"/> N <input type="checkbox"/> Socially Engaged <input type="radio"/> Frequent <input type="radio"/> Occasional <input type="radio"/> Not		7. Severely Frail	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Marital <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="checkbox"/> Lives <input type="radio"/> Alone <input type="radio"/> Spouse <input type="radio"/> Other		8. Very severely ill	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Home <input type="radio"/> House <input type="radio"/> Apartment <input type="radio"/> Assisted Living <input type="radio"/> Nursing Home <input type="radio"/> Other <input type="checkbox"/> Steps <input type="radio"/> Y <input type="radio"/> N		9. Terminally ill	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Supports <input type="radio"/> None needed <input type="radio"/> Informal <input type="radio"/> HCNS <input type="radio"/> Other Requires more support <input type="radio"/> Y <input type="radio"/> N				
<input type="checkbox"/> Caregiver Relationship <input type="radio"/> Spouse <input type="radio"/> Sibling <input type="radio"/> Offspring <input type="radio"/> Other		Deficit based Frailty Score: <input type="text"/>		
<input type="checkbox"/> Caregiver Stress <input type="radio"/> None <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High Caregiver Occupation: <input type="text"/> Form Status: <input type="text"/>				




Total Number of Problems: Total Number of Usual Medications:

Notes:

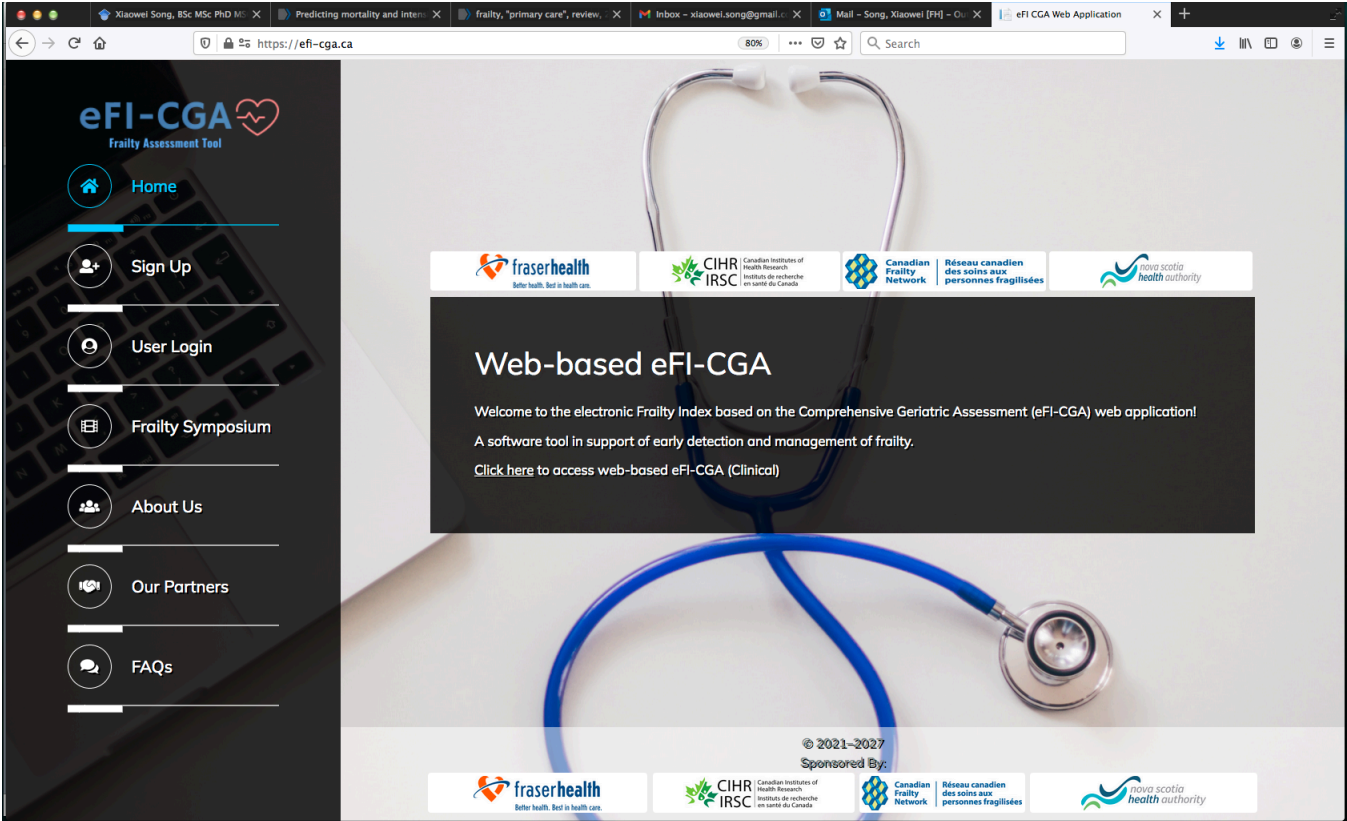
Assessor: Date:

IND = Independent WNL = Within Normal Limits ASST = Assisted DEP = Dependent

Supplementary Appendix SI-C: Standalone eCGA / eFI-CGA

Electronic Comprehensive Geriatric Assessment Form				Preview	User Manual																																	
<input checked="" type="checkbox"/> Action Required [WNL = Within Normal Limits ASST = Assisted IND = Independent DEP = Dependent]		Care Provider ID: <input type="text" value="Care_Provider_01"/>																																				
<input type="checkbox"/> No Action Required Patient ID: <input type="text" value="Patient_01"/> Age: <input type="text" value="75"/> Gender: <input type="text" value="Female"/>		Education (years): <input type="text" value="12"/>		Clinic ID: <input type="text" value="Clinic_01"/>																																		
<input type="checkbox"/> CrCl (Creatinine Clearance): <input type="text"/>		Chief lifelong occupation: <input type="text" value="Healthcare Service"/>		Specify occupation: <input type="text" value="Nurse"/> Date: <input type="text" value="day . April"/>																																		
<input type="checkbox"/> Cognition <input checked="" type="radio"/> WNL <input type="radio"/> CIND/MCI <input type="radio"/> Dementia Delirium <input checked="" type="radio"/> Y <input type="radio"/> N MiniCog: <input type="text" value="5"/> MOCA: <input type="text" value="Select a valk"/> FAST: <input type="text" value="1"/>																																						
<input type="checkbox"/> Emotional Mood <input type="radio"/> Y <input checked="" type="radio"/> N Depression <input type="radio"/> Y <input checked="" type="radio"/> N Anxiety <input type="radio"/> Y <input checked="" type="radio"/> N Fatigue <input type="radio"/> Y <input checked="" type="radio"/> N Hallucination <input type="radio"/> Y <input checked="" type="radio"/> N Delusion <input type="radio"/> Y <input checked="" type="radio"/> N Other <input type="radio"/> Y <input checked="" type="radio"/> N																																						
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<input type="checkbox"/> Communication Speech <input checked="" type="radio"/> WNL <input type="radio"/> Impaired Hearing <input checked="" type="radio"/> WNL <input type="radio"/> Impaired Vision <input checked="" type="radio"/> WNL <input type="radio"/> Impaired																																						
<input type="checkbox"/> Sleep <input checked="" type="radio"/> WNL <input type="radio"/> Disrupted Daytime Drowsiness <input type="radio"/> Y <input checked="" type="radio"/> N <input checked="" type="checkbox"/> Pain <input type="radio"/> None <input checked="" type="radio"/> Moderate <input type="radio"/> Extreme																																						
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<input type="checkbox"/> Advance Directive In Place <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Code Status <input checked="" type="radio"/> Do not resuscitate <input type="radio"/> Resuscitate																																						
<input type="checkbox"/> Control Of Life Events <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Usual Activities <input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Unable																																						
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<input type="checkbox"/> Balance Balance <input checked="" type="radio"/> WNL <input type="radio"/> Impaired Falls <input checked="" type="radio"/> Yes <input type="radio"/> No Number: <input type="text" value="More than"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Clinical Frailty Score</th> </tr> <tr> <th>Scale</th> <th>Pt</th> <th>CG</th> </tr> </thead> <tbody> <tr> <td>1. Very fit</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>2. Well</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>3. Well with Rx'd co-morbid disease</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> <tr> <td>4. Apparently vulnerable</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>5. Mildly frail</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>6. Moderately frail</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>7. Severely frail</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>8. Very severely frail</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>9. Terminally ill</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>				Clinical Frailty Score			Scale	Pt	CG	1. Very fit	<input type="radio"/>	<input type="radio"/>	2. Well	<input checked="" type="radio"/>	<input type="radio"/>	3. Well with Rx'd co-morbid disease	<input type="radio"/>	<input checked="" type="radio"/>	4. Apparently vulnerable	<input type="radio"/>	<input type="radio"/>	5. Mildly frail	<input type="radio"/>	<input type="radio"/>	6. Moderately frail	<input type="radio"/>	<input type="radio"/>	7. Severely frail	<input type="radio"/>	<input type="radio"/>	8. Very severely frail	<input type="radio"/>	<input type="radio"/>	9. Terminally ill	<input type="radio"/>	<input type="radio"/>
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<input type="checkbox"/> Caregiver Stress <input checked="" type="radio"/> None <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High <input type="radio"/> N/A Caregiver Occupation <input type="text" value="Select a value"/>																																						
Number of Medical Problems: <input type="text" value="7"/>		Number of Medications: <input type="text" value="5"/>		  																																		
Medical Problems: <input type="text" value="essential hypertension BP, insomnia, depression, rash and other nonsteroid skin antion"/>		Medication Names: <input type="text" value="Rx: Atorvastatin 10mg tablet, Dose: 0.51tablet 1 time a day Oral, 18 Jan 2021, Qty: 3 months, Dose: 1.000ADAMIII 0.5mg tablet, Dose: 1 tablet 1 time"/>																																				
Care Planning: <input type="text"/>		Added Medications: <input type="text"/>																																				
		Stopped Medications: <input type="text"/>																																				
				*Please separate items by semicolon (;)																																		
<input type="button" value="Calculate eFI-CGA"/> <input type="button" value="Save Records"/> <input type="button" value="Reset"/>		Calculated eFI: 0.2089																																				
Comments and feedback: <input type="text"/>																																						

Supplementary Appendix SI-D: Web-based eCGA / eFI-CGA Homepage



Note: CGA, Comprehensive Geriatric Assessment; FI-CGA, Frailty Index based on CGA; eCGA, electronic CGA, EMR, electronic Medical Records; eFI-CGA, electronic Frailty Index based on eCGA.