Appendix B. Survey questionnaire

**Pictorial Fit-Frail Scale - Patient form**

1. Date of Birth: Day:\_\_\_\_\_/Month:\_\_\_\_\_/Year:\_\_\_\_\_
2. Sex:  M F Other:\_\_\_\_\_\_
3. Race/Ethnic group:

White Black Hispanic Asian Multiple Other:\_\_\_\_\_\_\_

1. Marital status:

Married/registered partnership Never married

Divorced Widowed

1. Highest level of education completed:

Primary/elementary school (up to grade 8)

Secondary school/GED (grade 12 or equivalent)

Post-secondary certificate/diploma

University bachelors degree

University degree above bachelor’s degree

1. Employment status:

Retired Homemaker

Employed full time Employed part time

Looking for work Unable to work due to health or other reasons

Volunteer full time Volunteer part time

1. How would you rate your overall health?

Excellent Very good Good Fair Poor

1. How would you assess your health compared to others of the same age?

Much better Slightly better Neither better or worse Slightly worse Much worse

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pictorial Fit-Frail Scale - Caregiver form**

1. Date of Birth: Month:\_\_\_\_\_/Year:\_\_\_\_\_
2. Sex:  M F Other:\_\_\_\_\_\_
3. Race/Ethnic group:

White Black Hispanic Asian Multiple Other:\_\_\_\_\_\_\_

1. Marital status:

Married/registered partnership Never married

Divorced Widowed

1. Highest level of education completed:

Primary/elementary school (up to grade 8)

Secondary school/GED (grade 12 or equivalent)

Post-secondary certificate/diploma

University bachelors degree

University degree above bachelors degree

1. Employment status:

Retired Homemaker

Employed full time Employed part time

Looking for work Unable to work due to health or other reasons

Volunteer full time Volunteer part time

1. Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please fill out the following questions about the person you filled out the Pictorial Fit-Frail scale about***

1. How would you rate his/her overall health?

Excellent Very good Good Fair Poor

1. How would you assess his/her health compared to others of the same age?

Much better Slightly better Neither better or worse Slightly worse Much worse

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pictorial Fit-Frail Scale – Health Care Professional form**

1. Patient ID:\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please fill out the following questions about the person you filled out the Pictorial Fit-Frail scale about***

1. How would you rate his/her overall health?

Excellent Very good Good Fair Poor

1. How would you assess his/her health compared to others of the same age?

Much better Slightly better Neither better or worse Slightly worse Much worse

1. Please rate the communication capacity of patient (i.e. their ability to clearly communicate accurate medical information during assessment):

Excellent Very good Good Fair Poor

* 1. If fair or poor: do you believe their communication issues are due to:

Issues with English proficiency Cognitive impairment

Don’t know Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_