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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_