Electronic Frailty Index (eFI) Primary Care Field Test Questionnaire

1. Are you familiar with the patient? Yes ☐ No ☐

2. What is the eFI score for this patient? _______

3. Do you broadly agree with the corresponding category according to the description provided in the guidance notes?
   Yes ☐ No ☐ Unsure ☐

   If the reason for disagreement is that the patient has a low score but is clinically frail, would improved coding be likely to give a more accurate score?
   Yes ☐ No ☐ Unsure ☐

4. What would your clinical response be for this patient? (Select all that apply)
   - None ☐
   - Single condition review ☐
   - Self-management ☐
   - Medication review ☐
   - Care and support planning ☐
   - Community Matron ☐
   - District nurse support ☐
   - Refer for CGA ☐
   - End-of-life care ☐
   - Advance Care Planning ☐
   - Care Home Provision ☐
   - Rehabilitation ☐
   - Care Package Provision ☐
   - Other ☐ please specify _____________

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5. How many GP visits has this patient had in the last 12 months? _____

6. Will knowledge of the eFI score change your approach to clinical care of this patient?
   - Yes  
   - No  
   - Unsure

7. How many hospital attendances has this patient had in the last 12 months? ____

8. What is your role? GP/ANP/community matron/case manager/practice nurse/district nurse/other

9. Date of completion
   _________________________________

If using the questionnaire in paper format, please return completed copies by post or via email to:

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