### ANNEXE 1

**TRST**

| TRST                                                                 |
|---------------------------------------------------------------------|
| History or evidence of cognitive impairment (poor recall or not oriented) |
| Gait disturbances, transfer difficulties or recent falls             |
| Polymedications (5 or more)                                          |
| Admission in Emergency department in previous 30 days or hospitalization in previous 90 days |
| Problems in activities of daily living (ADL bathing, dressing, toileting, transferring, continence, feeding, Yes/No questions, in the 15 days before) |

French-TRST Adapted from Meldon et al., 2003, Academic emergency medicine.
# Annexe 2

Sheet A of the SEGA instrument

| Sheet A                                      | Geriatric Profile and Risk Factors |
|----------------------------------------------|------------------------------------|
|                                              | 0 | 1                          | 2 | Score          |
| Age                                          | 74 years old or less | Between 75 and 84 years | 85 years or older |  |
| Origin                                       | Living at home | Living at home with professional help | Nursing home or other |  |
| Medications                                  | 3 medications or less | 4 to 5 medications | 6 medications or more |  |
| Mood                                         | Normal | Sometimes anxious or sad | Depressed |  |
| Perception of own health compared to others of the same age | Better health | Similar level of health | Worse health |  |
| Fall in the last 6 months                    | No fall | One fall, not serious | Multiple falls, or serious fall(s) |  |
| Nutrition                                    | Weight stable, normal appearance | Clear loss of appetite in previous 2 weeks, or weight loss (3kg in 3 months) | Malnutrition |  |
| Associated diseases                          | No known or treated disease | 1 to 3 diseases | More than 3 diseases |  |
| IADL (preparing meals, using telephone, take own medication, transport) | Independent | Some help required | Incapacity |  |
| Mobility (get up, walk)                      | Independent | Support | Incapacity |  |
| Continence (urinary and/or fecal)            | Continent | Occasional incontinence | Permanent incontinence |  |
| Meals                                        | Independent | Some help required | Assistance complete |  |
| Cognitive function (memory, orientation, acute confusion, dementia) | Normal | Slightly impaired | Significantly impaired |  |
| Total                                        |                      |                      |                      | 26/26 |

## Groups of frailty according to Sheet A of the SEGA instrument

- **Score ≤ 8**
  - Frail
- **Score > 11**
  - Very frail
Annexe 3
YES-13

1. Age ........................................

2. In general, compared to other people your age, would you say that your health is:

- Poor,* (1 point)
- Fair,* (1 point)
- Good,
- Very good, or
- Excellent

3. How difficulty, on average, do you have with the following physical activities:

| Activity                              | No Difficulty | A little Difficulty | Some Difficulty | A Lot of Difficulty | Unable to do |
|---------------------------------------|---------------|---------------------|-----------------|---------------------|--------------|
| a. stooping, crouching or kneeling?   |               |                     |                 |                     |              |
| b. lifting, or carrying objects as heavy as 10 pounds? |               |                     |                 |                     |              |
| c. reaching or extending arms above shoulder level? |               |                     |                 |                     |              |
| d. writing, or handling and grasping small objects? |               |                     |                 |                     |              |
| e. walking a quarter of a mile?       |               |                     |                 |                     |              |
| f. heavy housework such as scrubbing floors or washing windows? |               |                     |                 |                     |              |

4. Because of your health or a physical condition, do you have any difficulty:

- a. shopping for personal items (like toilet items or medicines)
  - YES → Do you get help with shopping?  
  - NO
  - DON’T DO → Is that because of your health?  

- b. managing money (like keeping track of expenses or paying bills)?
  - YES → Do you get help with managing money?  
  - NO
  - DON’T DO → Is that because of your health?  

- c. walking across the room? USE OF CANE OR WALKER IS OK
  - YES → Do you get help with walking?  
  - NO
  - DON’T DO → Is that because of your health?  

- d. doing light housework (like washing dishes, straightening up, or light cleaning)?
  - YES → Do you get help with light housework?  
  - NO
  - DON’T DO → Is that because of your health?  

- e. bathing or showering?
  - YES → Do you get help with bathing or showering?  
  - NO
  - DON’T DO → Is that because of your health?  

SCORE 1 point for fair or poor

SCORE 1 point for age 75-84
3 points for age ≥ 85

SCORE 1 point for each * response in Q3a through f.
Maximum of 2 points

SCORE 4 points for one more * responses in Q4a through Q4e