Appendix 1

Identification of Seniors at Risk Tool (McCusker et al 1999)

1. Before the illness or injury that brought you to the Emergency Dept, did you need someone to help you on a regular basis? (**yes**/no)
2. Since the illness or injury that brought you to the Emergency Dept, have you needed more help than usual to take care of yourself? (**yes**/no)
3. Have you been hospitalised for one or more nights during the past 6 months (excluding a stay in the Emergency Department)? (**yes**/no)
4. In general, do you see well? (yes/**no**)
5. In general, do you have serious problems with your memory? (**yes**/no)
6. Do you take more than three different medications every day? (**yes**/no)

Answers in bold = 1

Total score ≥2 indicates person at high risk of functional decline

0 or1 indicates person at low risk

McCusker J, Bellavance F, Cardin S, Trepanier S, Verdon J, Ardman O. Detection of older people at increased risk of adverse health outcomes after an emergency visit: the ISAR screening tool. Journal of the American Geriatrics Society. 1999;47:1229–1237.