

## **Online Data Supplement**

### **Assessing the Utility and Validity of Frailty Markers in Critically Ill Adults**

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**Table E1.** Overview of Frailty Markers

Frailty Markers	Question or Instrument	Frailty Criteria
Weight Loss/Malnutrition	<p>During the LAST YEAR, would you say the patient has lost weight?            Approximately, how much weight would you say the patient lost in the last year (in kgs)?</p>	<p>Yes to weight loss and BMI &lt; 24 OR            ≥5% weight loss (weight loss in kg/(Patient weight in kgs) x 100)</p>
Decreased Energy	<p>How often during the 4 WEEKS prior to the current hospitalization did the patient feel like everything is an effort or that he/she could not get going? (1-rarely or not all; 2-occasionally; 3-often; 4-usually; 5-Don't know)            OR            How much of the time during the 4 WEEKS prior to the current hospitalization did the patient have a lot of energy? (1-rarely or not all; 2-occasionally; 3-often; 4-usually; 5-Don't know)</p>	<p>Patients who "usually" couldn't get going OR            Patients who "rarely" had a lot of energy</p>
Decreased Mobility	<p>In the past YEAR before the current hospitalization            a) Did the patient have any falls?            b) Did the patient need personal assistance in order to travel in or outside the home? (1- rarely or not at all; 2-occasionally; 3-often; 4-usually)</p>	<p>≥ 1 fall in the past year OR            People who "often" or "usually" needed personal assistance</p>
Decreased Strength	<p>Could the patient rise from a chair <i>without</i> using their arms for assistance?</p>	<p>No</p>
Impaired Moderate Physical Activity	<p>In the past YEAR before the current hospitalization:            a) Did the patient's health limit their ability to climb one flight of stairs? OR            b) Did the patient's health limit their ability to do moderate activities like moving a table, pushing a vacuum cleaning, bowling or dancing?</p>	<p>Yes to either a) or b)</p>
Cognitive Impairment	<p>Memory Impairment Screen (MIS)            OR modified version of the Short-Form Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)</p>	<p>MIS score ≤ 4 OR            IQCODE &gt;3.3</p>

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Sensory Impairment	Over the past YEAR before the current hospitalization:	Yes to either a) or b)
	a) Did the patient experience problems in daily life because of poor vision? OR	
	b) Did they experience problems because of being hard of hearing?	

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