<table>
<thead>
<tr>
<th>No.</th>
<th>Questions</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you go out by bus or train by yourself?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>2</td>
<td>Do you go shopping to buy daily necessities by yourself?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>3</td>
<td>Do you manage your own deposits and savings at the bank?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>4</td>
<td>Do you sometimes visit your friends?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>5</td>
<td>Do you turn to your family or friends for advice?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>6</td>
<td>Do you normally climb stairs without using handrail or wall for support?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>7</td>
<td>Do you normally stand up from a chair without any aids?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>8</td>
<td>Do you normally walk continuously for 15 minutes?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>9</td>
<td>Have you experienced a fall in the past year?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>10</td>
<td>Do you have a fear of falling while walking?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>11</td>
<td>Have you lost 2kg or more in the past 6 months?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>12</td>
<td>Height: cm, Weight: kg, BMI: kg/m² If BMI is less than 18.5, this item is scored.</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>13</td>
<td>Do you have any difficulties eating tough foods compared to 6 months ago?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>14</td>
<td>Have you choked on your tea or soup recently?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>15</td>
<td>Do you often experience having a dry mouth?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>16</td>
<td>Do you go out at least once a week?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>17</td>
<td>Do you go out less frequently compared to last year?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>18</td>
<td>Do your family or your friends point out your memory loss? e.g.&quot;You ask the same question over and over again.&quot;</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>19</td>
<td>Do you make a call by looking up phone numbers?</td>
<td>0. YES 1. NO</td>
</tr>
<tr>
<td>20</td>
<td>Do you find yourself not knowing today’s date?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>21</td>
<td>In the last 2 weeks have you felt a lack of fulfillment in your daily life?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>22</td>
<td>In the last 2 weeks have you felt a lack of joy when doing the things you used to enjoy?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>23</td>
<td>In the last 2 weeks have you felt difficulty in doing what you could do easily before?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>24</td>
<td>In the last 2 weeks have you felt helpless?</td>
<td>1. YES 0. NO</td>
</tr>
<tr>
<td>25</td>
<td>In the last 2 weeks have you felt tired without a reason?</td>
<td>1. YES 0. NO</td>
</tr>
</tbody>
</table>

(Working Group on Frailty in JGS)