

Date of completion: _____

Name of the patient: _____

G8 geriatric questionnaire		
Note: G8 geriatric score only if ≥ 75 years		
	Items	Possible answers - Score
A	Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?	<input type="checkbox"/> 0 : severe decrease in food intake <input type="checkbox"/> 1 : moderate decrease in food intake <input type="checkbox"/> 2 : no decrease in food intake
B	Weight loss during the last 3 months?	<input type="checkbox"/> 0 : weight loss > 3 kg <input type="checkbox"/> 1 : does not know <input type="checkbox"/> 2 : weight loss between 1 and 3 kgs <input type="checkbox"/> 3 : no weight loss
C	Mobility?	<input type="checkbox"/> 0 : bed or chair bound <input type="checkbox"/> 1 : able to get out of bed/chair but does not go out <input type="checkbox"/> 2 : goes out
E	Neuropsychological problems?	<input type="checkbox"/> 0 : severe dementia or depression <input type="checkbox"/> 1 : mild dementia or depression <input type="checkbox"/> 2 : no psychological problems
F	Body Mass Index (BMI (weight in kg) / (height in m ²) => see above under "demography and patient characteristics"	<input type="checkbox"/> 0 : BMI < 19 <input type="checkbox"/> 1 : BMI = 19 to BMI < 21 <input type="checkbox"/> 2 : BMI = 21 to BMI < 23 <input type="checkbox"/> 3 : BMI = 23 and > 23
H	Takes more than 3 medications per day?	<input type="checkbox"/> 0 : yes <input type="checkbox"/> 1 : no
P	In comparison with other people of the same age, how does the patient consider his/her health status?	<input type="checkbox"/> 0 : not as good <input type="checkbox"/> 0.5 : does not know <input type="checkbox"/> 1 : as good <input type="checkbox"/> 2 : better
	Age?	<input type="checkbox"/> 0 : >85 <input type="checkbox"/> 1 : 80-85 <input type="checkbox"/> 2 : <80
	Total score (sum)	

Completed by: _____