Table S1. Characteristics of frailty instruments utilized in individual studies

Reference/Frailty instrument name	Study name, setting, country	Characteristics of population: N, age (mean (SD); range), % female	Components	Classification	Comment
Subjective frailty instrun	nents				
Strawbridge et al, 1998 [31]: 1994 Frailty Measure	The Alameda County Study, Prospective cohort, USA	Community-dwelling population N=574 74.0 years; 65+ 57.0%	4 domains: Physical functioning: Sudden loss of balance Weakness in arms Weakness in legs Dizziness when standing up quickly Nutritive functioning: Loss of appetite Unexplained weight loss Cognitive functioning: Difficulty paying attention Trouble finding the right word Difficulty remembering things Forgetting where put something Sensory problems: Difficulty reading a newspaper Difficulty in recognizing a friend across the street Difficulty reading signs at night Hearing over the phone Hearing a normal conversation Hearing a conversation in a noisy room	Score for the 6 sensory items: 1: have no difficulty 2: have a little difficulty 3: have some difficulty 4: have a great deal of difficulty. Scores on the other 10 items: 1: rarely or never had the problem in the last 12 months 2: sometimes had the problem 3: often had the problem 4: very often had the problem Participant was	

					considered to have a problem or difficulty for one domain when he/she had a score ≥3 at least 1 of the items.	
					Frail if ≥ 2 domains were considered to have a problem or difficulty.	
Dayhoff et al, 1998 [30]	Subsample of a larger study examining effects of two exercise interventions, Cross-sectional analysis, USA	Community-dwelling participants N=84 Non-frail: 73.2 years (6.0) Frail: 73.5 years (7.9) Age range: 60 to 88 years	•	Performance of ADLs/IADLs using the World Health Organisation Assessment of Functional Capacity (14 items, each scored from 1 to 5 (5=unable to perform)) Self-report of perceived health.	Score range: 14 (self-sufficiency) to 70 (total dependency) Non-frail if score ≤20 & excellent/good health.	Frailty defined as disability.
		85.7%			Frail if score ≥21 & fair/poor health	
Rockwood et al, 1999 [32]: CSHA rules based definition	The Canadian Study of Health and Aging (CSHA), Prospective cohort, Canada	Random sample of community residents N=not reported 65+ %=not available	:	0: Those who walk without help, perform basic ADL, are continent of bowel and bladder, and are not cognitively impaired 1: Bladder incontinence only 2: One (two if incontinent) or more of needing assistance with mobility or ADL, has cognitive impairment with no dementia, or has bowel or bladder incontinence 3: Two (or three if incontinent) or more of totally dependent for transfers or one or more ADL, incontinent of bowel and bladder, and diagnosis of dementia.		Frailty defined as disability or comorbidity.
Steverink et al, 2001 [33]: Groningen frailty indicator (GFI)	Cross-sectional study, Netherlands	Hospital inpatients, nursing home residents and community-dwelling elderly	15 items	scored 0 or 1: Mobility (4 items) Comorbidity	Frail if score ≥ 5 out of 15.	Frailty defined as disability or comorbidity.
(manual search)		N=275 78.0 years (7.0), range=64-	•	Malnutrition Cognition Vision		Need further explanation in the GFI

Mitnitski et al, 2002 [34]: Frailty index (FI)	The Canadian Study of Health and Aging (CSHA), Prospective cohort, Canada	72.9% Random sample of community residents N=2914 82.0 years (7.4); 65+ 64.4%	20 "defici and disal	Hearing Physical energy Loneliness (3 items) Depressed mood Anxiety feelings its" (symptoms, signs, impairments bilities)	Impairment index: 0 to 1	No clear cut-off between frail vs non-frail. No standardised number and type of deficits. Frailty defined as disability or comorbidity.
Gerdhem et al, 2003 [35]: Subjective Frailty Score	Cross-sectional analysis Sweden	Participants randomly selected from the city files of Malmo N=993 75 years 100%	appearar	a general assessment of health and noe within 15 sec from first sight, and his into an arbitrary scale.	Score ranging from 1 (low frailty) to 100 (very frail).	No clear cut-off between frail vs non- frail.
Rockwood et al, 2005 [37]: Canadian Study of Health and Aging Clinical Frailty Scale (CSHA-CFS)	The Canadian Study of Health and Aging (CSHA), Prospective cohort, Canada	Random sample of community residents N=2305	2: W 3: W 4: A 5: M 6: M 7: S	Very fit Vell Vell, with treated comorbid disease Apparently vulnerable Vellidly frail Very fit Voderately frail Severely frail (complete functional endence on others)	Moderately frail: 6 Severely frail: 7	Frailty defined as disability or comorbidity. Needs a clinical interview.
Cacciatore et al, 2005 [36]:	Osservatorio Geriatrico Regione Campania,	Random sample of subjects with/without chronic heart failure, community-dwelling	7 core do (function	omains of functioning scored 0 is preserved) or 1 (function is lost): BADL disability	Class 1: 0 or 1 Class 2: 2 or 3	Frailty defined as disability.

Frailty Staging System	Prospective cohort,	or institutionalised elderly	Mobility (ability to do heavy	Class 3: ≥4	
Trainly Glaging Gystelli	1 100pcctive contort,	or montationalised cidenty	housework, to walk up and down	01003 0. =+	
Based from Lachs et al,	Italy	N=1332	stairs to the second floor and to		
1990, USA [57]	,		walk half a mile)		
		75.9 years (6.7)	 Cognitive function 		
			 Visual function 		
		60%	 Hearing function 		
			Urinary continence		
			Social support		
Amici et al, 2008 [38]:	Cross-sectional	N=180	Neurological disorders (5 items)	Score range: 0 to 245.	Missing information
Marigliano-Cacciafesta	design,	70.5	Cardiopathy (4 items)	Dalumathalamu	about population
Polypathological Scale (MCPS)	Italy	79.5 years; 70+	Respiratory disorders (5 items)	Polypathology:	characteristics
(MCI 3)	Italy	63.9%	Renal disorders (4 items)	Cliabt: -15	Rationale for
		63.9%	Locomotive apparatus disorders (5 itams)	Slight: <15	weighting scores not
			items)	Medium: 15-24	explained.
			Sensory deprivation (5 items)Metabolism and nutritional state (5	Modium. 10-24	
			items)	Medium-severe: 25-49	Frailty defined as
			Cognitive state and mood (5 items)		comorbidity.
			Peripheral vascular system (5	Severe: 50-74	-
			items)		Dose-response effect
			Malignant cancerous disorders (5)	Very severe: 75+	not shown.
			items)		
			 Gastroenteritic disorders (5 items) 		
Kanauchi et al, 2008 [39]:	Cross-sectional	Hospital inpatients with	HRCA Vulnerability Index (2 components):	HRCA Vulnerability	Frailty defined as
	study,	cardiometabolic risk factors		Index::	disability.
Based on Morris et al,			A component includes self-reported		
1984, USA [146]:	Japan	N=101	requirements for help in:	Vulnerable if A	
		70.0 (5.1)		component score>1 or	
Hebrew Rehabilitation		72.9 years (5.1); range 65-85	Preparing meals (score 0 or 1)	A component score=1 and B component>0	
Center for Aged (HRCA) Vunerability Index and		43.6%	Taking out the garbage (score 0 or	and B componentso	
Saliba et al, 2001, USA		43.0%	1)		
[58]: Vulnerable Elders			 Doing ordinary work around the house (score 0 or 1) 		
Survey-13 (VES-13)			Walking up and down stairs (score	VES-13:	
			0 or 1)	120 70.	
			Needing to use a cane (score 0 or	Score range: 0 to 10	
			1)	3	
			Needing to use a walker (score 0)	Frail if score >3	
			or 1)	_	
			 Identifying the current year (score 		
			0 or 1)		
			B component includes self-reported answers	Participants were frail	
			for:	if they were	
				considered as	
			Leaving their residence (score 0 or	vulnerable according to the HRCA	
			1)	Vulnerability Index or	
			Needing help in dressing (score 0	frail according to the	

Gobbens et al, 2010 [40]: Tilburg Frailty Indicator (TFI) Objective frailty instrume	Cross-sectional design, Netherlands	2 random samples of community-dwelling participants Sample 1: n=245, 80.3 years (3.9), 54.7% Sample 2: n=234, 80.2 years (3.7), 59.0%	or 1) Having health impediments (score 0 or 1) VES-13 (13 items): Age (score 0 to 3; 3 if ≥85) Self-reported health (score 0 or 1) Difficulties in physical activities (6 items) (score 0 to 2) ADLs/IADLs (5 items) (score 0 or 4) 15 items scored 0 or 1: 8 physical domains: Feeling physically healthy Unexpected weight loss Difficulty in walking Difficulty in maintaining balance Hearing problems Vision problems Vision problems Lack of strength in hands Physical tiredness 4 psychological domains: Cognition Depressive symptoms Anxiety Coping 3 social domains: Living alone Social relations Social support	Score range: 0 to 15 (15=highest score for frailty)	No clear cut-off between frail vs non-frail.
Brown et al, 2000 [41]:	Cross-sectional	Community-dwelling elderly	9 items scored 0 to 4:	Score range: 0-36	
Modified Physical	analysis,	N=107	Lift a 7-pound book to a shelf	Not frail: 32-36	
Performance Test (PPT) Based on Reuben & Siu,	USA	83 years (4); 77+	Put on and remove a jacketPick up penny from floor	Mild frailty: 25-32	

Gill et al, 2002 [42] Based on Gill et al, 1995, USA [60]	Primary care practices, Randomized controlled trial, USA	Community-dwelling elderly N=188 Intervention group: n=94, 82.8 years (5.0); 75+, 80% Control group: n=94, 83.5 years (5.2); 75+, 70%	Stand up 5 times from chair Progressive Romberg Rapid gait (walking ba over a 10-foot (3-m) cd quickly as possible) Single chair stand	test ck and forth Moderately frail if	
Klein et al, 2003 [43]: Frailty index	Beaver Dam Eye Study, Prospective cohort, USA	Sample from a private census of the population of Beaver Dam 43+ years	 Timed 10-ft walk (scornighest quartile, stratif Handgrip strength (scotne lowest quartile, stratif Peak expiratory flow ratif in the lowest quartile sex) Ability to stand from a position without using try (score=1 if unable) 	to 4 (worse) attified by atter (score=1 attified by sitting arms in one	
Bandinelli, 2006 [44]: Short Physical Performance Battery (SPPB) Based on Guralnik et al, 1995, USA [61]	The FRAilty Screening and Intervention trial, Italy	Community-dwelling elderly visiting their primary care physicians N=251 Treatment group: n=126, 76.4 years (3.6), 66% Control group: n=125, 76.4 years (3.4), 60%	3 items scored 0 (unable to perform the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of perform with the test) to 4 (highest level of	rformance): Frail if ≤9 metres	
Opasich et al, 2010 [45]	Hospital based, study of effect of personalized versus usual physiotherapy, Italy	Patients after receiving a cardiac surgery procedure N=224	 Balance Performance Mobility Assessment (I assessment of static a balance Get-Up-and-Go (GUG) 	BPOMA): and dynamic BPOMA>19 and GUG ≤10s	

		Intervention group: n=150, 74.6 years (3.6); 70+, 40% Control group: n=74, 75 years (3.9); 70+, 45%		BPOMA≤19 or GUG >10s Severely frail: BPOMA≤19 and GUG >10s	
Mixed (subjective and ob	jective) frailty instrume	ents			
Speechley & Tinetti, 1991	Subsample of the	Community dwelling elderly	Frail attributes (each item scored 0 or 1):	Score:	
[46]	Yale Health and Aging Project (YHAP) of the	N=336	Age ≥80 years Gait/balance abnormalities	0-9 frail attributes	
	Established Populations for Epidemiologic Study of the Elderly	75+ years	Infrequent walking for exerciseDepressedTaking sedatives	0-4 vigorous attributes	
	(EPESE) program		 Decreased strength in shoulder Decreased strength in knee Lower extremity disability 	Frail: ≤1 vigorous and ≥4 frail attributes.	
	Prospective cohort,		Near vision loss		
	USA		Vigorous attributes (each item scored 0 or 1):	Vigorous: ≥3 vigorous and ≤2 frail attributes.	
			 Age <80 years Cognitively intact Frequent physical exercise other than walking Good near vision 	Transitional: neither frail nor vigorous.	
Fried et al, 2001 [47]:	Cardiovascular Health Study (CHS),	Community dwelling elderly from 4 US communities	5 items, each scored 0 or 1:	Score range: 0 to 5	
Phenotype of Frailty	Prospective cohort,	N=5317	Unintentional weight lossSelf-reported exhaustion	0: frail	
	USA	65+ years	Weakness (grip strength) (1 if in the lowest quintile)	1-2: pre-frail	
		57.9%	 Slow walking speed (1 if in the highest quintile) Low physical activity (1 if in the 	≥3: frail	
Binder et al, 2002 [48]:	Randomized	Community-dwelling elderly	lowest quintile) Modified Physical Performance	Mild to moderate	Instrument contained
Physical frailty	controlled trial,	N=444	Test score (see Brown et al, 2000) of 18-32	frailty if ≥2	disability component.
,,	USA	83 years (4); 78+	 Peak oxygen consumption: 11-18 ml/kg Self-reported difficulty or need for 		Instrument used exclusively to select mild to moderate frailty

		65.8%	assistance in 2 instrumental ADL or 1 basic ADL	elderly in randomiz controlled trials.
Studenski et al, 2004 [49]: Clinical Global Impression of Change in Physical Frailty (CGIC-PF)	Qualitative and quantitative instrument development,	N=not available 80.7 years (6.4) 80%	Healthcare utilisation (3 indicators); Medical complexity (3 indicators)	ge evaluated 6 months of 7-up, scored from rse) to 7 (better). Needs a clinical interview. No clear cut-off between frail vs no frail. Frailty defined as disability / comorbic
Puts et al, 2005 [51]: Static/Dynamic frailty index	Longitudinal Aging Study Amsterdam (LASA), Prospective cohort, Netherlands	Random sample drawn from registers N=1152 Range: 55-85 years 52.3 to 60.0%	Body mass index Peak expiratory flow Cognition	refrail if ≥3 Inclusion of one iter of disability. mic frail if decline s ≥3. Inclusion of one iter of disability. Inspired from Fried al's instrument.
Carriere et al, 2005 [50]: Score-Risk Correspondence for dependency	Epidemiologie de l'Osteoporose (EPIDOS) study, Prospective cohort, France	Random sample drawn from vote-registration or health-insurance membership rolls N=545 Median age (interquartile range): 79 years (76-81); 75+ 100%	Time (years) since baseline evaluation Score	9: 25-169 No clear cut-off between frail vs no frail.
Rolfson et al, 2006 [52]: Edmonton Frail Scale (EFS)	Hospital based, Cross-sectional analysis,	Sample of patients referred for a comprehensive geriatric assessment (CGA)	Cognition (drawing a clock) (score	nighest level of between frail vs no

(manual research)	Canada	N=158		to 2)		disability.
(manual research)	Cariaua	N=136		Social support (score 0 to 2)		disability.
		80.4 years (6.8); 65+		Medication use (2 questions each		
		00.4 yours (0.0), 001	•	scored 0 to 1)		
		53%	•	Nutrition (score 0 to 1)		
			•	Mood (score 0 to 1)		
			•	Continence (score 0 to 1)		
			•	Functional performance (score 0 to		
				2)		
Ensrud et al, 2008 [53]:	Study of	Community-dwelling elderly	3 items 6	each scored 0 to 1:	Robust: 0	Inspired from Fried et
	Osteoporotic	from population-based				al's instrument.
Study of Osteoporotic	Fractures,	listings in 4 areas of USA	•	Unintentional weight loss (≥5% in 2	Pre-frail:1	
Fractures (SOF) index				years)		
	Prospective cohort,	N=6701	•	Inability to rise from a chair 5 times	Frail: >=2	
				without using arms		
	USA	76.7 years (4.8); 69+	•	Reduced energy level (Geriatric		
				Depression Scale)		
		100%				
Hyde et al, 2010 [55]:	Health in Men	Random sample of	5 items 6	each scored 0 to 1:	Frail if ≥3	Frailty defined as
l	Study,	community-dwelling elderly				comorbidity.
FRAIL scale		from the electoral roll	•	Fatigue (SF-36)		<u>-</u>
	Prospective cohort,	N. 0040	•	Resistance - ability to climb a		Inspired from Fried et
		N=3616		single flight of stairs (SF-36)		al's and Mitnitski's
	Australia	70.0 (0.0) . 74 .	•	Ambulation - ability to walk one		instruments.
		76.9 years (3.6); 71+		block (SF-36)		
		00/	•	Illnesses - more than 5 (list of 14		
		0%		diseases)		
			•	Loss of weight - more than 5%		
Freiheit et al, 2010 [54]:	Substudy of the	Patients with coronary artery	5 itoms ((between 4 to 5 years) each scored 0 to 1:	Index score range: 0-5	
Telliell et al, 2010 [54].	Calgary Cardiac and	disease	3 Itellis e	each scored o to 1.	(high score=high risk)	
Brief Frailty Index	Cognition (3C)	disease		Balance assessment	(High score=High risk)	
Brief Frailty Index	Study	337	•	Body mass index	4 categories:	
	Giady	337	•	Trail-Making Test Part B	4 categories.	
	Prospective cohort	70.8 years (5.9); 60+		Geriatric Depression Scale	0; 1; 2; ≥3	
	study, hospital-	. 5.5 , 54.6 (0.6), 55.		Living alone	·, ·, <u>-</u> , <u>-</u>	
	based,	27%	•	Living alone		
		/-				
	Canada					
<u></u>						
Sundermann et al, 2011	Hospital-based,	Patients undergoing cardiac		Fried et al's phenotype of frailty	Score range: 1-35	Based on Fried et al's
[56]: Comprehensive		surgery	criteria, e	each scored 0 or 1:		and Rockwood et al's
Assessment of Frailty	Prospective study,				Not frail: 1-10	instruments.
(CAF)		N=400	•	BMI score		
	USA		•	Exhaustion score	Moderately frail: 11-25	
		80.1 years (4.0); 74+	•	Physical activity score		
			•	Slowness score (walking 4 mm in		

51.5%	usual gait speed)	Severely frail: 25+
	 Weakness score (grip strength) 	
	Physical performance tests, each scored 0 to	
	4:	
	 Standing static Balance Chair rise Put on and remove a jacket Pick up a pen from floor Turn 360 degrees Laboratory tests, each scored 0 to 1: 	
	Serum albumin score Forced expiratory volume in 1 second Creatinine score Rockwood et al's CSHA-CFS scored 1 to 7	

[&]quot;Manual search" characterizes an article not referenced by Medline but found in the reference section of selected articles.