

The Sherbrooke Postal Questionnaire

Item	0 Point	1 Point
Do you live alone ?	No	Yes
Do you take more than three different medications every day?	No	Yes
Do you regularly use a cane, a walker or a wheelchair to move about?	No	Yes
Do you see well ?	Yes	No
Do you hear well ?	Yes	No
Do you have problems with your memory	No	Yes
Total (> ou égal à 2 = fragile)		