
Appendix 1

The Geriatric Postal Screening Survey and Scoring Scale

Questions	Risk Score
1. In general, would you say your health is:	
a. Excellent	0
b. Very good	0
c. Good	0
d. Fair	1
e. Poor	1
2. Compared with 1 year ago, how would you rate your health in general now?	
a. Much better now than 1 year ago	0
b. Somewhat better now than 1 year ago	0
c. About the same as 1 year ago	0
d. Somewhat worse now than 1 year ago	1
e. Much worse now than 1 year ago	1
3. Are you losing weight without trying?	
a. No	0
b. Yes	1
4. How many different doctor-ordered (prescription) medications do you take?	
a. None	0
b. One	0
c. Two	0
d. Three	0
e. Four	1
f. Five	1
g. More than five	1
5. Have you fallen down in the past 3 months?*	
a. No	0
b. Yes	1
6. Do you have any problems keeping your balance?*	
a. No	0
b. Yes	1
7. Do you need help from another person to:†	
a. Take a bath or shower? = 0 or = 1	
b. Go to the toilet? = 0 or = 1	0
c. Dress yourself? = 0 or = 1	1
d. Feed yourself? = 0 or = 1	
<i>Responses for each item:</i>	
I don't need help = 0	
I need a little help = 1	
I can't do this without help = 1	
8. Do you have any problems with bladder control or losing urine?	
a. No	0
b. Yes	1
9. Do you have any problems with pain?	
a. No	0
b. Yes	1
10. Do you have problems with memory loss?	
a. No	0
b. Yes	1
11. Do you often feel sad or depressed?	
a. No	0
b. Yes	1

 Total Risk Score

Scoring instructions:

*Questions 5 and 6 are combined to create 1 risk score. If the response is No to both questions 5 and 6, then the risk score = 0. If the response is Yes to either question, the risk score = 1.

 †Each activity of daily living (ADL) item is scored 0 or 1. If the additive score for the four ADL items is ≥ 2 , then the risk score = 1.

Add the individual scores for the 10 items to determine the Total Risk Score.

 A Total Risk Score < 4 is considered "lower risk." A Total Risk Score ≥ 4 is considered "high risk."