

CUMULATIVE ILLNESS RATING SCALE FOR GERIATRICS (CIRS-G)

Miller, Paradis, and Reynolds 1991

PATIENT _____ AGE _____

RATER _____ DATE _____

Instructions: Please refer to the CIRS-G manual. Write brief descriptions of the medical problem(s) that justified the endorsed score on the line following each item. (Use reverse side for more writing space).

RATING STRATEGY

- 0- No problem
- 1- Current mild problem or past significant problem
- 2- Moderate disability or morbidity/requires first line therapy
- 3- Severe/ constant significant disability/ uncontrollable chronic problems
- 4- Extremely severe/ immediate treatment required/ end organ failure/ severe impairment in function

	SCORE
HEART.....	_____
VASCULAR.....	_____
HEMATOPOIETIC.....	_____
RESPIRATORY.....	_____
EYES, EARS, NOSE, THROAT AND LARYNX.....	_____
UPPER GI.....	_____
LOWER GI.....	_____
LIVER.....	_____
RENAL.....	_____
GENITOURINARY.....	_____
MUSCLOSKELETAL/INTEGUMENT.....	_____
NEUROLOGICAL.....	_____
ENDOCRINE/METABOLIC AND BREAST.....	_____
PSYCHIATRIC ILLNESS.....	_____

TOTAL NUMBER OF CATEGORIES ENDORSED..... _____

TOTAL SCORE..... _____

Severity index: (total score/total number of categories endorsed)..... _____

Number of categories at level 3 severity..... _____

Number of categories at level 4 severity..... _____