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VFQ-ID-R Vienna Frailty Questionnaire for Persons with Intellectual Disabilities - Revised - deutsche Fassung

Brehmer-Rinderer, B., Zeitlinger, E. L. & Weber, G. (2014)

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The Vienna Frailty Questionnaire for Persons with Intellectual Disabilities - Revised

(Brehmer-Rinderer, Zeilinger & Weber, 2009)

This questionnaire aims to capture and describe the development of frailty (negative health changes) in persons with intellectual disability. If you administer this instrument in regular intervals you can determine improvements and deteriorations in health of the person in question.

The questionnaire can be answered by the person themselves or by their primary caretaker. Please keep in mind that when talking to a person with intellectual disability you may need to simplify or reword the questions!

The questionnaire covers 4 areas: the first section examines changes in the social life of respondents, followed by questions on physical and cognitive changes. In the end some psychological changes are noted.

Questions about social life

This section poses questions about five aspects (work, free time/activities, friends, relationships and family). Particular interest is placed on changes in **quantity** (for example number of contacts). On top of that we want to know **when** changes happened (that question can maybe be answered only by the caretakers)

		1. Status	2. Change	3. When has changed? (if needed, ask by the caretaker)
SW1	Are you employed?	0=Yes 1= No, not anymore 2= No, never 99= no answer		
SW2	How many hours per week do you work? <i>(Tip: Ask for specific times (beginning - ending) and calculate yourself!)</i>	 99= No answer	0= Mehr Arbeitsstunden 1= Weniger Arbeitsstunden 2= No, no Change 99= No answer	
SA1	What do you do in your free time? <i>(ask open questions, if the person needs help, mention examples)</i>	<ul style="list-style-type: none"> - Watching TV - Listening to music - Performing music (singing, playing an instrument) - Playing sports (ball sports, cycling, swimming, walking) - Handiwork, painting or crafting - Reading, Writing - Playing social games 99= No answer	Did you in the last few years give up some hobbies or discovered something new? <i>(if one hobby was exchanged for another one, mark „no change“)</i> 0= Yes , more hobbies 1= Yes , less hobbies 2= No change 99= no answer	
SA2	How often do you (insert interests)?	0= Often 1= Rarely 99= No answer	0=Yes , more often 1=Yes , more rarely 2= No 99= No answer	

		1. Status	2. Change	3. When has changed? (if needed, ask by the caretaker)
SK1	Do you have friends?	0=Yes 1= No 99= No answer	0= Less friends 1= More friends 2= No Change 99= No answer	
SK2	How often do you contact your friends (in person or via telephone)	0= Often 1= Rarely 99= No answer	0=Yes , more often 1=Yes , more rarely 2= No 99= No answer	
SK3	Are you happy with your friendships?	0= Yes (Good) 1= Somewhat yes 2= Somewhat no 3= No (Bad) 99= No answer	0= Yes , Besser 1= Yes , Bader 2= No 99= No answer	
SP1	Are you in an intimate relationship?	0=Yes 1=No, never 2= No, not anymore 99= No answer		
SP2	How often do you contact your partner (in person or via telephone)	0= Often 1= Rarely 99= No answer	0=Yes , more often 1=Yes , more rarely 2= No 99= No answer	
SF1	Do you have a family? <i>(Tip: ask carefully, omit question if the answer is already known)</i>	0=Yes 1=No, never 2= No, not anymore 99= No answer		
SF2	How often do you contact your family(in person or via telephone)	0= Often 1= Rarely 99= No answer	0=YES , more often 1=YES , more rarely 2= No 99= No answer	

Questions about physical condition and cognitive tasks

We all sometimes need help doing things that are difficult for us. Now we want to ask you about different things and how much help you usually need by doing them. Please tell us if you can do these things yourself, you need a little help or you need a lot of help or someone else does it for you. If there is something that you need help with or someone else is doing it for you, we want to know if it was always like that or you were able to do that thing better/worse before. In the end we would also like to know when this change happened (if necessary ask the caretaker) .

		1. Level of independence	2. Did something change here?	3. When has changed? (if needed, ask by the caretaker)
ADL 1	Wash yourself	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	
ADL 2	Dress yourself	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	
ADL 3	Go to toilet	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	
PHY5	Use the phone	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	
IADL 1	Prepare food	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	

		1. Level of independence	2. Did something change here?	3. When has changed? (if needed, ask by the caretaker)
IADL 2	Use money (<i>eg. Pay for something</i>)	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	
IADL 3	Go shopping	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	
IADL 4	Easy household chores (<i>e.g. Clean room, wipe dust</i>)	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	
IADL 5	Difficult household chores (<i>e.g. Doing laundry, cleaning windows</i>)	0= Can do it on their own 1= Needs some help 2 = Needs a lot of support/someone else does it 99 = No answer	0= No 1= Yes , improved 2= Yes , worsened 99 = No answer	

We are now interested in your physical wellbeing. First we will ask you for your perception of your bodily status, then if it was better or worse before and in the end, if something has changed, when that change happened.

		1. Status	2. Change	3. When has changed? (if needed, ask by the caretaker)
PHY 1	Strength in the arms	0= Good 1= Bad 2= Neither good nor bad 99= No answer	0=Improved 1= Worsened 2= No Change 99= No answer	
PHY 2	Strength in the legs	0= Good 1= Bad	0=Improved 1= Worsened	

		2= Neither good nor bad 99= No answer	2= No Change 99= No answer	
		1. Status	2. Change	3. When has changed? (if needed, ask by the caretaker)
PHY 3	Mobility	0= Good 1= Bad 2= Neither good nor bad 99= No answer	0=Improved 1= Worsened 2= No Change 99= No answer	
PHY 4	Balance <i>(for example if you can stand on one leg)</i>	0= Good 1= Bad 2= Neither good nor bad 99= No answer	0=Improved 1= Worsened 2= No Change 99= No answer	
PHY 6	Eyesight	0= Good 1= Bad 2= Neither good nor bad 99= No answer	0=Improved 1= Worsened 2= No Change 99= No answer	
PHY 7	Firmness of grip <i>(for example when holding cutlery)</i>	0= Good 1= Bad 2= Neither good nor bad 99= No answer	0=Improved 1= Worsened 2= No Change 99= No answer	
PHY 9	How is your general health?	0= Good 1= Bad 2= Neither good nor bad 99= No answer	0=Improved 1= Worsened 2= No Change 99= No answer	
PHY 10	Did you in the last few years ever fall down so that you were unable to get up on your own?	0= No 1= Yes 99 = No answer		

Questions about psychological condition

In this section we will ask you about psychological symptoms. We are interested in how you are and if there had been any changes in your status! Please share with us if and when any changes happened.

		1. Status	2. When has changed? (if needed, ask by the caretaker)
PSY 1	Are you afraid that you might fall and not be able to get up on your own?	0= YES 1= Somewhat yes 2= Somewhat no 3= NO 99= no answer	Time frame _____ 0 = it was always like this
PSY 2	Do you in general feel weary and exhausted?	0= YES 1= Somewhat yes 2= Somewhat no 3= NO 99= no answer	Time frame _____ 0 = it was always like this
PSY 3	Do you in general feel nervous and anxious?	0= YES 1= Somewhat yes 2= Somewhat no 3= NO 99= no answer	Time frame _____ 0 = it was always like this
PSY 4	Do you in general feel irritated and tense?	0= YES 1= Somewhat yes 2= Somewhat no 3= NO 99= no answer	Time frame _____ 0 = it was always like this
PSY 5	Do you in general feel sad and downhearted?	0= YES 1= Somewhat yes 2= Somewhat no 3= NO 99= no answer	Time frame _____ 0 = it was always like this

PSY 6	<p>Do you have any other psychological/mental problems?</p> <p><i>Please ask what people mean by other – ask for an example! Maybe the answer will correspond to a previous question. Here you can for example code “feeling very happy, hearing voices, problems with memory etc.”</i></p>	<p>0= NO 1= YES</p> <p>99= no answer</p>	<p>Time frame _____</p> <p>0 = it was always like this</p>
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