consisted of 16 closed and four semi-opened questions. It was tested in a group of 10 patients older than 65 years, who did not submit comments or note difficulties in completing it. The content validity was checked by comparing the questionnaire with other similar tools used in Poland.

Subsequently, CGA was conducted using eight scales: the Activities of Daily Living (ADL)\textsuperscript{12}, Instrumental Activities of Daily Living (IADL)\textsuperscript{13}, Mini-Mental State Examination (MMSE)\textsuperscript{14,15}, Geriatric Depression Scale (GDS)\textsuperscript{16,17}, Timed Up and Go Test (TT)\textsuperscript{18}, Mini Nutritional Assessment Short Form (MNA)\textsuperscript{19,20}, Clinical Frailty Scale (CFS)\textsuperscript{21,22} and Athens Insomnia Scale (AIS)\textsuperscript{23,24}. These scales are briefly described in Table 1.

In order to assess trends in the deficiency-indicating results of CGA tests, when a participant had no dysfunctions in any of the areas assessed in CGA, they were assigned 0. When there was only one dysfunction, they scored 1, when two dysfunctions, 2, and so on.

### Statistical analysis

Statistical analysis was performed using Statistica, version 13.3 (Statsoft Polska, Kraków, Poland). Data are presented as median with interquartile range (Q1-Q3), besides the results of IADL which are presented as mean score and standard deviation. The Shapiro-Wilk test was used as a normality test. The Chi-square test was used to compare proportions. A logistic regression model was used to define associations between patients’ individual factors and the results of CGA tests. The results are presented in the form of odds ratio (OR) parameter values with a 95% confidence interval. Statistical significance was set at 0.05.

### Ethical considerations

The Bioethical Commission of the Jagiellonian University Medical College approved this study (permission 1072.6120.252.2017), and every participant was given written information and was also verbally informed by the researcher regarding the purposes of this study before signing the informed consent.

### Table 1: Measurement tools used in this cross-sectional study that assessed patients aged 65 years and over in their general practitioners’ offices.

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Assessed aspect</th>
<th>Number of questions</th>
<th>Score and classification of patients</th>
<th>Validation (international/ in Poland)</th>
</tr>
</thead>
</table>
| 1  | ADL     | level of independence in the area of basic activities | 6                   | 5-6 points (p.) – full functionality  
3-4 p. – moderate functional impairment  
0-2 p. – severe functional impairment | Katz\textsuperscript{12}/not available |
| 2  | IADL    | independence in more complex living skills           | 8                   | 8-24 p. – the higher the score, the more independent the patient is                                   | Lawton, Brody\textsuperscript{13}/not available |
| 3  | MMSE    | cognitive functions                                  | 30                  | 27-30 p. – normal cognition  
24-26 p. – mild cognitive impairment  
19-23 p. – suspicion of mild dementia  
11-18 p. – moderate cognitive impairment  
≤10 p. – severe cognitive impairment | Folstein, Folstein, McHugh\textsuperscript{14}/Parnowski\textsuperscript{15} |
| 4  | GDS     | depressive symptoms                                  | 15                  | 0-5 p. – normal state  
6-10 p. – mild depression  
11-15 p. – severe depression | Sheikh, Yesavage\textsuperscript{16}/Albiński\textsuperscript{17} |
| 5  | TT      | mobility                                             |                      | ≥ 14 sec. – increased risk of falls                                                                  | Podsiadło, Richardson\textsuperscript{18}/not available |
| 6  | MNA     | nutritional status                                   | 6                   | 12-14 p. – adequate nutritional status  
8-11 p. – the risk of malnutrition  
0-7 p. – malnutrition | Rubenstein\textsuperscript{19}/Kostka\textsuperscript{20} |
| 7  | CFS     | frailty syndrome (a state of increased sensibility to stressors) | 9 categories        | 1 - very fit  
2 - well  
3 - managing well | Rockwood\textsuperscript{21}/Oviedo-Briones\textsuperscript{22} |
|    |         |                                                      |                     | 4 - vulnerable  
5 - mildly frail  
6 - moderately frail  
7 - severely frail  
8 - very severely frail | frail patients |
|    |         |                                                      |                     | 9 - terminally ill | |
| 8  | AIS     | insomnia                                             | 8                   | 0-5 p. – lack of insomnia  
6-10 p. – minor problems with sleep  
11-24 p. – presence of insomnia | Soldatos, Dikeos, Paparrigopoulos\textsuperscript{23}/Fornal-Pawłowska\textsuperscript{24} |