

Comorbidity Index and Score of Charlson et al.

Date: _____

Name: Last: _____ First: _____ Date of Birth: _____

Age of the patient: _____ years

Does the patient have...

- | | | |
|------------------------------|------------------------------|-----------------------------|
| AIDS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cerebrovascular disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chronic pulmonary disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Congestive heart failure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Connective tissue disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hemiplegia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leukemia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Malignant lymphoma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Myocardial infarction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Peripheral vascular disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ulcer disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Check the appropriate column for each condition (give only 1 answer per row)

- | | | | | |
|-----------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| | none | without end
organ damage | with end
organ damage | |
| Diabetes mellitus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | none | mild | moderate | severe |
| Liver disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renal disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | none | non-metastatic | metastatic | |
| Malignant solid tumor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |