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**Price & Availability** – Contact author for permission to use. Index included in original citation.  
Also see [instrument website](https://www.mayoclinic.org/tests-procedures/charlson-comorbidity-index/about/p-20052096)

**Brief Description of Instrument** – Classifies co-morbid conditions for use in longitudinal studies. Takes into account the number and seriousness of co-morbid disease. Originally developed to predict risk of death from co-morbid disease in a cohort of 685 patients with breast cancer between 1962 and 1969.

**Scale Format** – Yes/no, rating scale.

**Administration Technique** – Health provider administered using assessment and chart data.

**Scoring and Interpretation** – Weighted index assigns weights of 1, 2, 3 and 6 for each of the existing co-morbid diseases to derive a total score.

**Factors and Norms** – The 1-yr mortality rates for the different scores were: “0”, 12% (n=181); “1-2”, 26% (n=225); “3-4”, 52% (n=71); and “>5”, 85% (n=82).
Construct Validity – Relationship of potential prognostically important variables to survival (in months) assessed using proportional hazards analysis (Cox’s regression method for lifetable data), and relative risk.

Criterion-Related Validity – Ability to predict risk of death from co-morbid disease in cohort of 685 patients during a 10-yr follow-up: “0”, 8% (588); “1”, 25% (54); “2”, 48% (25); “ > or equal to 3”, 59% (18). With each level of score increase, stepwise increase in the cumulative mortality attributable to co-morbid disease (p<0.0001). Performance compared to Kaplan and Feinstein Index, found to preform similarly.

Content & Face Validity – Index development based on the 1-yr mortality from an inception cohort study of 604 patients.

Strengths – Useful for adjusting risk of subjects with co-morbid conditions. Index can classify patients according to risk of death. Tested in patient population with wide variety of illnesses. Preformed similarly to Kaplan and Feinstein Index.

Notes for Consideration – Charlson Index has been used in many research studies, with many patient populations. Search literature to find articles relating to a particular disease focus.
