

FRAMINGHAM HEART STUDY ID: **IDTYPE** **ID**

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

DURING THE PAST YEAR HAVE YOU HAD TO CUT DOWN OR STOP DOING ANY OF THE FOLLOWING:

		YES	NO
PD2	1. FOOD SHOPPING OR FOOD PREPARATION		
PD3	2. HOUSEWORK OR YARDWORK SUCH AS LIFTING, MAINTENCE WORK, GARDENING, SHOVELING		
PD4	3. USING YOUR USUAL FORM OF TRANSPORTATION OUTSIDE YOUR HOME		
PD5	4. PARTICIPATING IN SPORTS OR RECREATIONAL ACTIVITIES		
PD6	5. SOCIAL ACTIVITIES SUCH AS VISITING OTHER PEOPLE OR GOING OUT TO EAT		
PD7	6. VISUAL ACTIVITIES SUCH AS ANY CLOSE WORK (NEEDLEPOINT READING, TV)		
PD8	7. HEARING ACTIVITES (RADIO, CONVERSATIONS)		

PLEASE ANSWER EITHER YES OR NO TO THE NEXT SET OF QUESTIONS:

DO YOU GET ASSISTANCE FROM ANOTHER PERSON TO DO THE FOLLOWING ACTIVITIES DURING A NORMAL DAY:

		YES	NO	UNABLE TO DO EVEN WITH HELP
PD9	1. WALKING UP AND DOWN ON FLIGHT OF STAIRS			
PD10	2. WALKING ON A LEVEL SURFACE FOR 50 YARDS (HALF A BLOCK)			
PD11	3. CARRYING A BUNDLE THAT WEIGHS 10 LBS			
PD12	4. DIALING A TELEPHONE			
PD13	5. GETTING DRESSED AND UNDRESSED			
PD14	6. TAKING A BATH OR SHOWER AND DOING GROOMING ACTIVITIES			
PD15	7. TAKING CARE OF PERSONAL NEEDS FOR TOILETING			
PD16	8. EATING YOUR FOOD AND DRINKING LIQUIDS			
PD17	9. GETTING IN AND OUT OF A CHAIR			