

ACTIVITIES OF DAILY LIFE

This form is to be administered at Baseline Visit 2 and all annual visits. If necessary, information may be obtained from a person who is knowledgeable about the participant's daily life.

1. SHEP ID: (3) 22 23 - (4) 24 25 26 27 - 28 29 (5) 2. Acrostic: 41 42 43 44 45 46 (6)
3. Date: 36 37 38 39 34 35 (7) 4. a. Visit: 1 [ ] Baseline Visit 2 47 (8) 2 [ ] Annual -> b. Which? 48 (9)

"The next set of questions is about everyday activities." (Give response card #1 to participant.)

(Interviewer: Record any help as help. Repeat lead and response categories as necessary.)

"At the present time, do you need help from another person or from special equipment for . . . "

5a. Walking across a small room? Go to 5c < No help (10) [ ] 1
Go to 5b < Help [ ] 2
Go to 6 < Unable to do [ ] 3
Go to 5c < Refused [ ] 7
DK [ ] 8
b. Is this help from a person, from special equipment or both? Person only [ ] 1
Equipment only [ ] 2
Both [ ] 3
Refused (11) [ ] 7
DK [ ] 8
50
c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses) No difficulty at all [ ] 1
A little difficulty [ ] 2
Some difficulty (12) [ ] 3
A lot of difficulty [ ] 4
Refused 51 [ ] 7
DK [ ] 8
6a. Do you need help from another person or from special equipment for bathing-- either a sponge bath, tub bath, or shower? Go to 6c < No help (13) [ ] 1
Go to 6b < Help [ ] 2
Go to 7 < Unable to do [ ] 3
Go to 6c < Refused [ ] 7
DK [ ] 8
b. Is this help from a person, from special equipment, or both? Person only [ ] 1
Equipment only [ ] 2
Both [ ] 3
Refused (14) [ ] 7
DK [ ] 8
53
c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses) No difficulty at all [ ] 1
A little difficulty [ ] 2
Some difficulty (15) [ ] 3
A lot of difficulty [ ] 4
Refused 54 [ ] 7
DK [ ] 8

7a. Do you need help for personal grooming, like brushing hair, brushing teeth, or washing face?

Go to 7c ← No help  1  
 Go to 7b ← Help  2  
 Go to 8 ← Unable to do  3  
 Go to 7c ←  Refused  7  
 DK  16  8

55

b. Is this help from a person, from special equipment, or both?

Person only  1  
 Equipment only  2  
 Both  3  
 Refused  17  7  
 DK  8

56

c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)

No difficulty at all  1  
 A little difficulty  2  
 Some difficulty  18  3  
 A lot of difficulty  4  
 Refused  7  
 DK  8

57

58

8a. Do you need help for dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?

Go to 8c ← No help  1  
 Go to 8b ← Help  19  2  
 Go to 9 ← Unable to do  3  
 Go to 8c ←  Refused  7  
 DK  8

b. Is this help from a person, from special equipment or both?

Person only  1  
 Equipment only  2  
 Both  3  
 Refused  20  7  
 DK  8

59

c. How much difficulty, on the average do you have doing this? Would you say that you have . . . (say the responses)

No difficulty at all  1  
 A little difficulty  2  
 Some difficulty  3  
 A lot of difficulty  21  4  
 Refused  7  
 DK  8

60

9a. Do you need help for eating, like holding a fork, cutting food, or drinking from a glass?

Go to 9c ← No help  1  
 Go to 9b ← Help  2  
 Go to 10 ← Unable to do  3  
 Go to 9c ←  Refused  22  7  
 DK  8

61

b. Is this help from a person, from special equipment or both?

Person only  1  
 Equipment only  2  
 Both  3  
 Refused  23  7  
 DK  8

62

c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)

No difficulty at all  1  
 A little difficulty  24  2  
 Some difficulty  3  
 A lot of difficulty  4  
 Refused  7  
 DK  8

63



(Interviewer: Give response card #2 to participant.)

"Now I'm going to ask you about how difficult it is, on the average, for you to do certain kinds of activities."

- |  |  |   |
|--|--|---|
| 15. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have . . . | No difficulty at all<br>A little difficulty<br>Some difficulty<br>A lot of difficulty<br>Just unable to do it<br>Refused<br>DK | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8 |
| 16. What about stooping, crouching, or kneeling? Do you have . . .   | No difficulty at all<br>A little difficulty<br>Some difficulty<br>A lot of difficulty<br>Just unable to do it<br>Refused<br>DK | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8 |
| 17. Lifting or carrying weights under 10 pounds, like a bag of potatoes? Do you have . . .   | No difficulty at all<br>A little difficulty<br>Some difficulty<br>A lot of difficulty<br>Just unable to do it<br>Refused<br>DK | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8 |
| 18. Reaching or extending arms above shoulder level? Do you have . . .   | No difficulty at all<br>A little difficulty<br>Some difficulty<br>A lot of difficulty<br>Just unable to do it<br>Refused<br>DK | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8 |
| 19. Either writing or handling small objects? Do you have . . .  | No difficulty at all<br>A little difficulty<br>Some difficulty<br>A lot of difficulty<br>Just unable to do it<br>Refused<br>DK | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8 |

Questions 20-23 for interviewer only.

- 20. Were all items in the Activities of Daily Life Questionnaire read, or was the questionnaire not completed?
  - All questions read 78  1
  - Not completed, at participant's request (39)  2
  - Not completed, at interviewer's initiative  3
  
- 21. From whom were responses obtained?
  - Participant entirely  1
  - Participant mostly  2
  - Participant and proxy about equally (40)  3
  - Proxy mostly  4
  - Proxy entirely 79  5
  
- 22. How would you rate the overall validity of the responses that were obtained?
  - Very good  1
  - Good (41)  2
  - Fair  3
  - Poor 80  4
  - Very poor  5
  
- 23a. Did anything in particular contribute to non-completion or adversely effect the overall quality of the interview?
  - Go to 23b ← 81 Yes  1
  - Go to END ← (42) No  2
  
- b. Hearing problem? 82 (43) Yes  1 No  2
- c. Language difficulty? 83 (44) Yes  1 No  2
- d. Mental confusion? 84 (45) Yes  1 No  2
- e. Hostile attitude? 85 (46) Yes  1 No  2
- f. Lack of interest? 86 (47) Yes  1 No  2
- g. Fatigue? 87 (48) Yes  1 No  2
- h. Participant's proxy? 88 (49) Yes  1 No  2
- i. Noise, interruptions? 89 (50) Yes  1 No  2
- j. Time pressure? 90 (51) Yes  1 No  2
- k. Other? (Specify: \_\_\_\_\_) 91 (52) Yes  1 No  2

END

Finish conversations that may have been side-tracked earlier in the interview. Thank the participant for his or her cooperation.

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24. Interviewer: \_\_\_\_\_

Signature

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