ACTIVITIES OF DAILY LIVING

Now I’d like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can’t do them at all.

[BE SURE TO READ ALL ANSWER CHOICES IF APPLICABLE IN QUESTIONS 56. THROUGH 69. TO RESPONDENT.]

Instrumental ADL

56. Can you use the telephone ...
   2 without help, including looking up numbers and dialing;
   1 with some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialing); or
   0 are you completely unable to use the telephone?
   - Not answered

57. Can you get to places out of walking distance ...
   2 without help (drive your own car, or travel alone on buses, or taxis);
   1 with some help (need someone to help you or go with you when traveling); or
   0 are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance?
   - Not answered

58. Can you go shopping for groceries or clothes [ASSUMING S HAS TRANSPORTATION] ...
   2 without help (taking care of all shopping needs yourself, assuming you had transportation);
   1 with some help (need someone to go with you on all shopping trips); or
   0 are you completely unable to do any shopping?
   - Not answered

59. Can you prepare your own meals ...
   2 without help (plan and cook full meals yourself);
   1 with some help (can prepare some things but unable to cook full meals yourself); or
   0 are you completely unable to prepare any meals?
   - Not answered
60. Can you do your housework ...
   2 without help (can clean floors, etc.);
   1 with some help (can do light housework but need help with heavy work); or
   0 are you completely unable to do any housework?
   - Not answered

61. Can you take your own medicine ...
   2 without help (in the right doses at the right time);
   1 with some help (able to take medicine if someone prepares it for you and/or
   reminds you to take it); or
   0 are you completely unable to take your medicines?
   - Not answered

62. Can you handle your own money ...
   2 without help (write checks, pay bills, etc.);
   1 with some help (manage day-to-day buying but need help with managing
   your checkbook and paying your bills); or
   0 are you completely unable to handle money?
   - Not answered

Physical ADL

63. Can you eat ...
   2 without help (able to feed yourself completely);
   1 with some help (need help with cutting, etc.); or
   0 are you completely unable to feed yourself?
   - Not answered

64. Can you dress and undress yourself ...
   2 without help (able to pick out clothes, dress and undress yourself);
   1 with some help; or
   0 are you completely unable to dress and undress yourself?
   - Not answered

65. Can you take care of your own appearance, for example combing your hair and (for
    men) shaving ...
   2 without help;
   1 with some help; or
   0 are you completely unable to maintain your appearance yourself?
   - Not answered
66. Can you walk ... 
   2 without help (except from a cane); 
   1 with some help from a person or with the use of a walker, or crutches, etc.; 
   or 
   0 are you completely unable to walk? 
   - Not answered 

67. Can you get in and out of bed ... 
   2 without any help or aids; 
   1 with some help (either from a person or with the aid of some device); or 
   0 are you totally dependent on someone else to lift you? 
   - Not answered 

68. Can you take a bath or shower ... 
   2 without help; 
   1 with some help (need help getting in and out of the tub, or need special attachments on the tub); or 
   0 are you completely unable to bathe yourself? 
   - Not answered 

69. Do you ever have trouble getting to the bathroom on time? 
   2 No 
   0 Yes 
   1 Have a catheter or colostomy 
   - Not answered 

[IF “YES” ASK a.] 

a. How often do you wet or soil yourself (either day or night)? 
   1 Once or twice a week 
   0 Three times a week or more 
   - Not answered
PERFORMANCE RATING SCALE FOR ACTIVITIES OF DAILY LIVING


1. **Excellent ADL capacity.**
   Can perform all of the Activities of Daily Living without assistance and with ease.

2. **Good ADL capacity.**
   Can perform all of the Activities of Daily Living without assistance.

3. **Mildly impaired ADL capacity.**
   Can perform all but one to three of the Activities of Daily Living. Some help is required with one to three, but not necessarily every day. Can get through any single day without help. Is able to prepare his/her own meals.

4. **Moderately impaired ADL capacity.**
   Regularly requires assistance with at least four Activities of Daily Living but is able to get through any single day without help. Or regularly requires help with meal preparation.

5. **Severely impaired ADL capacity.**
   Needs help each day but not necessarily throughout the day or night with many of the Activities of Daily Living.

6. **Completely impaired ADL capacity.**
   Needs help throughout the day and/or night to carry out the Activities of Daily Living.