



WHI Form 151 - Activities of Daily Life

This form has questions about your current experiences. Please answer the questions as honestly as you can, using your first thoughts about each question. You should not go back later to "figure out" answers. Please answer the questions on both sides. Your answers will be kept confidential and will never be put with your name in a published report, but they will help us to understand the health of women like you. Thank you for your help.

Page 1 of 3

1. In general, would you say your health is: **(Mark one circle only.)**

- Excellent Very good Good Fair Poor

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2. Overall, how would you rate your quality of life? **(Mark one circle below.)**

- 0 Worst - As bad or worse than being dead
 1
 2
 3
 4
 5 Halfway
 6
 7
 8
 9
 10 Best - Best quality of life

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3. Does the place (home, apartment, assisted living facility) where you live have special services for older people (such as help with transportation, meals, medicines, or bathing)?

- No Yes

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3.1 Are you currently receiving any of these services?

- No Yes

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4. In the past year, have you stayed in a nursing home?

- No Yes

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5. What aid, if any, do you usually use to walk on a level surface? **(Mark only one.)**

- I do not use any aid
 I use a cane
 I use crutches
 I use a walker
 I use a wheelchair

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6. Are you taking a calcium supplement such as Oscal, Viactiv, or Tums?

- No Yes

reset

Next Page >>

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The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one circle for each question.)

	No, not limited at all	Yes, limited a little	Yes, limited a lot
7. Vigorous activities, such as running, lifting heavy objects, or strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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8. Moderate activities, such as moving a table, vacuuming, bowling, or golfing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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12. Bending, kneeling, stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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13. Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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14. Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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15. Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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16. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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[<< Previous Page](#)

[Next Page >>](#)

[Save & Return Later](#)



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These next questions ask about how much help (if any) you need to do routine activities for yourself. Help can be defined as getting assistance from another person or using a device. (Mark one circle for each question.)

I can do this activity:

	By myself without help	With some help	Completely unable to do this by myself
17. Can you feed yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Can you dress and undress yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Can you get in and out of bed yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Can you take a bath or shower?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Can you do your own grocery shopping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Can you keep track of and take your medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reset

reset

reset

reset

reset

reset

<< Previous Page

Submit

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Close survey

Thank you for submitting your form. Once it's submitted you cannot make any changes. If you are unsure about an answer or would like to change an answer, please contact the WHI Clinical Coordinating Center at (1-800-218-8415) or email us at participant@whi.org.

Has your phone number changed in the last year?

If it has, please contact your Regional Center, Fred Hutch at 800-555-1234