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## WHI Form 151-A - Activities of Daily Life

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1. Overall, how would you rate your quality of life? **Mark only one.**

- ☐ 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

2. What is your current weight?

POUNDS

2.1 Have you lost more than 10 pounds in the past 2 years?

- ☐ No   ☒ Yes

2.1.1 Were you trying to lose weight?

- ☐ No   ☐ Yes

2.2 Have you gained more than 10 pounds in the past 2 years?

- ☐ No   ☒ Yes

2.2.1 Were you trying to gain weight?

- ☐ No   ☐ Yes

3. Are you able to walk at a normal pace for a half hour (30 minutes) or more?

- ☐ No  
☐ Yes

4. Are you able to walk slowly for a half hour (30 minutes) or more?

- ☐ No  
☐ Yes

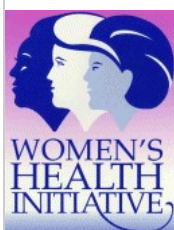
5. What aid, if any, do you usually use to walk on a level surface? **Mark only one.**

- ☐ 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. On a typical **day**, how much time do you spend (from when you wake up until you go to bed) doing the following? **Mark only one answer per question.**

	None	15 min. or less	30 min.	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
6.1 Sitting while watching television (including videos on VCR/DVD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 Sitting while using the computer for non-work activities or playing video games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 Sitting while doing non-computer office work or paperwork not related to your job (paying bills, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Sitting listening to music, reading a book or magazine, or doing arts and crafts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 Sitting and talking on the phone or texting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 Sitting in a car, bus, train, or other mode of transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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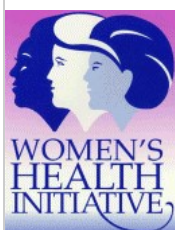


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This next set of questions are about a typical day's activities. Does your health now limit you in these activities and, if so, how much? **Mark only one answer per line.**

	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"/>
8. Moderate activities, such as moving a table, vacuuming, bowling, or golfing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Bending, kneeling, stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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This next set of 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 answer for each question.**

I can do this activity:

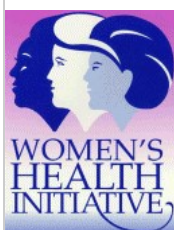
	By myself without help	With some help	Completely unable to do this by myself
17. Can you feed yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Can you dress and undress yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Can you get in and out 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"/>

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This next set of questions are about how you feel and how things have been during the past 4 weeks. Mark the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you been happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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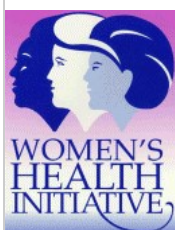
This next set of questions asks you to rate any change in your abilities, daily functioning and activities. Mark the answer for each question that best fits your current ability level compared to 5 years ago.

	No change	Minimal change	Some change	Clearly noticeable change	Much worse
32. Recalling information when I really try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Remembering names and faces of new people I meet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Remembering things that have happened recently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Recalling conversations a few days later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Remembering where things are usually kept	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Remembering new information told to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Remembering where I placed familiar objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Remembering what I intended to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Remembering names of family members and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Remembering without notes and reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. People who know me would find that my memory is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Remembering things compared to my age group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Making decisions about everyday matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>45.</b> Reasoning through a complicated problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>46.</b> Focusing on goals and carrying out a plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>47.</b> Shifting easily from one activity to the next	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>48.</b> Organizing my daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>49.</b> Understanding conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>50.</b> Expressing myself when speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>51.</b> Following a story in a book, movie or on TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>52.</b> <u>How concerned are you</u> about the changes you described in items 32-51. <b>(Mark only one.)</b> <div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div> <input type="radio"/> Not at all concerned  <input type="radio"/> Slightly concerned  <input type="radio"/> Mildly concerned  <input type="radio"/> Moderately concerned  <input type="radio"/> Extremely concerned </div> </div>					
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The next questions ask about COVID-19 testing and vaccinations at any time since the pandemic started.

- 53.** Have you been tested for COVID-19?
- ☒ Yes  
☐ No  
☐ Unsure

- 53.1** What kind of test(s) did you have?  
**Mark all that apply.**
- ☐ Nasal swab (testing for presence of the virus)  
☐ Throat swab (testing for presence of the virus)  
☐ Saliva test (testing for presence of the virus)  
☐ Blood test (testing for antibodies/immune response)

- 53.2** Did any of these tests come back positive for a COVID-19 infection?
- ☒ Yes  
☐ No  
☐ Unsure

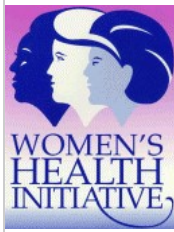
- 53.3** Which test(s) came back positive?  
**Mark all that apply.**
- ☐ Nasal swab  
☐ Saliva test  
☐ Throat swab  
☐ Blood test  
☐ Unsure

- 54.** Were you ever hospitalized for COVID-19?
- ☒ Yes  
☐ No  
☐ Unsure

- 54.1** How many nights did you stay in the hospital?
- ☐ 1 night  
☐ 2-3 nights  
☐ 4-6 nights  
☐ 7-13 nights  
☐ 14 or more nights  
☐ Unsure

<b>54.2</b> What treatments did you receive? <b>Mark all that apply.</b>	<input type="checkbox"/> Intravenous fluids <input type="checkbox"/> Oxygen through nasal (nose) prongs or facial mask, but not requiring a ventilator <input type="checkbox"/> Invasive ventilation or ventilator (Breathing support through an inserted tube. People are usually asleep for this procedure.) <input type="checkbox"/> Kidney dialysis <input type="checkbox"/> Cardiac or heart procedure, such as a coronary artery stent <input checked="" type="checkbox"/> Other
<b>54.2.1</b> Other (specify):	<input type="text"/> 255 characters remaining
<b>54.3</b> Did you require treatment in an Intensive Care Unit (ICU)?	<input type="radio"/> No <input checked="" type="radio"/> Yes
<b>54.3.1</b> How many days?	<input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-6 <input type="radio"/> 7 or more <input type="radio"/> Unsure
<b>55.</b> Have you had a COVID-19 vaccine?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
<b>56.</b> <u>During the past 12 months</u> , have you had a seasonal flu shot?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
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Below are a few questions about some stresses and day-to-day hassles in life that people might experience. If you prefer not to answer the questions, please feel free to skip questions 57 and 58.

**57.** In your day-to-day life, how often have any of the following things happened to you?

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
<b>57.1</b> You are treated with less courtesy or respect than other people.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>57.2</b> You receive poorer service than other people at restaurants or stores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>57.3</b> People act as if they think you are not smart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>57.4</b> People act as if they are afraid of you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>57.5</b> You are threatened or harassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p><b>58.</b> If you have experienced any of the stresses and hassles in the last question, what do you think are the main reasons for these experiences? <b>Mark all that apply if applicable.</b></p>	<p><input type="checkbox"/> Your ancestry or national origins</p> <p><input type="checkbox"/> Your gender</p> <p><input type="checkbox"/> Your race</p> <p><input type="checkbox"/> Your age</p> <p><input type="checkbox"/> Your religion</p> <p><input type="checkbox"/> Your height</p> <p><input type="checkbox"/> Your weight</p> <p><input type="checkbox"/> Your sexual orientation</p> <p><input type="checkbox"/> Your education or income level</p> <p><input type="checkbox"/> A physical disability</p> <p><input type="checkbox"/> Your shade of skin color</p> <p><input type="checkbox"/> Your tribe</p> <p><input type="checkbox"/> Your language/speech/accent</p> <p><input type="checkbox"/> Some other aspect of your physical appearance</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>58.1</b> Other (specify):</p>	<div><input type="text"/></div> <div>255 characters remaining</div>
<p><b>59.</b> Comments:</p>	<div><input type="text"/></div> <div>255 characters remaining</div>
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