



Form 151-B – Activities of Daily Life

Please use a pencil or black pen only to complete this form.

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

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

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

0	1	2	3	4	5	6	7	8	9	10
<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"/>	<input type="radio"/>	<input type="radio"/>
Worst			Halfway				Best			

As bad or worse than being dead

Best quality of life

3. Please think about your current level of well-being. When you think about well-being, think about your physical health, your emotional health, any challenges you are experiencing, the people in your life, and the opportunities or resources you have available to you. How would you describe your current level of well-being?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor
- ⁶ Very poor

4. What is your current weight? pounds

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

- ⁰ No
- ¹ Yes → Were you trying to lose weight? ⁰ No ¹ Yes

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

- ⁰ No
- ¹ Yes → Were you trying to gain weight? ⁰ No ¹ Yes

OFFICE USE ONLY

Date Received:

MM / DD / YYYY

Reviewed By: 80 -

RCR OU1 OU2

Contact Type:
¹ Phone
² Mail

↓ AFFIX LABEL BETWEEN LINES ↓

Participant ID Label

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This next set of questions are 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 on each line.**

	No, not limited at all	Yes, limited a little	Yes, limited a lot
5. Vigorous activities, such as running, lifting heavy objects, or strenuous sports	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6. Moderate activities, such as moving a table, vacuuming, bowling, or golfing	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
7. Lifting or carrying groceries	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. Climbing several flights of stairs	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. Climbing one flight of stairs	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Bending, kneeling, stooping	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
11. Walking more than a mile	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. Walking several blocks	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
13. Walking one block	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
14. Bathing or dressing yourself	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

15. In the past 4 weeks, how much have you been bothered by pain in your...

Mark one circle on each line.

	Not at all	Somewhat	A lot
15.1 Back	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.2 Hips	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.3 Knees	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.4 Feet	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.5 Hands	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.6 Wrists	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.7 Shoulders	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.8 Neck	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.9 Head	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

16. In the past 4 weeks, how often were you bothered by pain?

- 1 Every day (7 days per week) 3 Some days (2–4 days per week)
 2 Most days (5–6 days per week) 4 Rarely (once a week or less) 5 Never

17. How long have you been bothered by pain?

- 1 Never (I have not been bothered by pain)
- 2 Less than 1 month
- 3 1–3 months
- 4 3–6 months
- 5 6 months–1 year
- 6 1–5 years
- 7 More than 5 years

18. In the past 7 days...

Not at all A little bit Somewhat Quite a bit Very much

- | | | | | | | |
|------|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 18.1 | How much did pain interfere with your day to day activities? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 18.2 | How much did pain interfere with work around the home? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 18.3 | How much did pain interfere with your ability to participate in social activities? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| 18.4 | How much did pain interfere with your household chores? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

19. In the past 7 days, how would you rate your pain on average? **Mark one circle below.**

0	1	2	3	4	5	6	7	8	9	10	
<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"/>	<input type="radio"/>	<input type="radio"/>	
No pain											Worst imaginable pain

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 circle for each question.**

- | | By myself without help | With some help | Completely unable to do this by myself |
|--|-------------------------|-------------------------|--|
| 20. Can you feed yourself? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 21. Can you dress and undress yourself? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 22. Can you get in and out of bed yourself? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 23. Can you take a bath or shower? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 24. Can you do your own grocery shopping? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 25. Can you keep track of and take your medicines? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

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26. The next questions ask about companionship. Hardly ever Some of the time Often

26.1 How often do you feel that you lack companionship? ¹ ² ³

26.2 How often do you feel left out? ¹ ² ³

26.3 How often do you feel isolated from others? ¹ ² ³

27. Do you live alone? ⁰ No ¹ Yes

28. Please mark the circle that best describes your current living arrangement:

- ¹ Independently in the community (for example in your home or apartment)
- ⁴ In a skilled nursing facility
- ² With a family member other than your spouse, such as a sibling or daughter/son
- ⁵ Other type of living arrangement
- ³ In an assisted living facility

29. 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)?

⁰ No ¹ Yes →

29.1 Are you currently receiving any of these services?
⁰ No ¹ Yes

30. In the past year, have you stayed in a nursing home? ⁰ No ¹ Yes

This next set of questions are about some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. **Mark the answer that seems best.**

	Yes, and it upset me:			
Over the past year:	No	Not too much	Moderately (Medium)	Very much
31. Did your spouse or partner have a serious illness?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
32. Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
33. Did you have any major problems with money?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
34. Did you have a divorce or break-up with a spouse or partner?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
35. Did a family member or close friend have a divorce or break-up?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
36. Did you have a major conflict with children or grandchildren?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³

Over the past year:	Yes, and it upset me:			
	No	Not too much	Moderately (Medium)	Very much
37. Did you have any major accidents, disasters, mugging, unwanted sexual experiences, robberies, or similar events?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
38. Did you or a family member or close friend lose their job or retire?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
39. Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
40. Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
41. Did a pet die?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
42. Did your spouse or partner die?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

If you answered Yes to Question 42, mark the answer that best describes how you feel right now about the person who died.

	Never	Rarely	Sometimes	Often	Always
42.1 I feel myself longing or yearning for my spouse or partner who died—I miss them so much it's hard to care about anything else.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
42.2 I think about this person so much that it's hard for me to do the things I normally do.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

43. Please answer the following questions about yourself. Try not to let an answer to one question affect your answer to other questions. **Mark one circle on each line.**

	Strongly Disagree	Disagree	Neutral (In-between)	Agree	Strongly Agree
43.1 In unclear times, I usually expect the best.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
43.2 If something can go wrong for me, it will.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5



Strongly Disagree Disagree Neutral (In-between) Agree Strongly Agree

43.3 I'm always hopeful about my future. [1] [2] [3] [4] [5]

43.4 I hardly ever expect things to go my way. [1] [2] [3] [4] [5]

43.5 I rarely count on good things happening to me. [1] [2] [3] [4] [5]

43.6 Overall, I expect more good things to happen to me than bad. [1] [2] [3] [4] [5]

44. This set of questions asks you to think about the future.

Absolutely Agree Somewhat Agree Neutral (In-between) Somewhat Disagree Absolutely Disagree

44.1 I feel that it is impossible to reach the goals I would like to strive for. [1] [2] [3] [4] [5]

44.2 The future seems to me to be hopeless, and I can't believe that things are changing for the better. [1] [2] [3] [4] [5]

45. Rate how intensely you felt each emotion during the past 24 hours. Mark one circle on each line.

Not at all A little bit Moderately A great deal Extremely

45.1 Amusement [1] [2] [3] [4] [5]

45.2 Awe [1] [2] [3] [4] [5]

45.3 Gratitude [1] [2] [3] [4] [5]

45.4 Hope [1] [2] [3] [4] [5]

45.5 Interest [1] [2] [3] [4] [5]

45.6 Joy [1] [2] [3] [4] [5]

45.7 Love [1] [2] [3] [4] [5]

45.8 Pride [1] [2] [3] [4] [5]

45.9 Serenity [1] [2] [3] [4] [5]

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Questions 46–51 ask about your feelings during the past week. For each of the statements, indicate the choice that tells how often you felt this way.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1–2 days)	Occasionally or a moderate amount of time (3–4 days)	Most or all of the time (5–7 days)
46. You felt depressed (blue or down)	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
47. Your sleep was restless	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
48. You enjoyed life	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
49. You had crying spells	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
50. You felt sad	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
51. You felt that people disliked you	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴

52. In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed, or lost pleasure in things that you usually cared about or enjoyed?

⁰ No ¹ Yes

53. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

⁰ No ¹ Yes →

53.1 If yes, have you felt depressed or sad much of the time in the past year? ⁰ No ¹ Yes

This next set of questions are about emotions you may have been feeling. **Mark one circle for each statement.**

How true have the following been for you in this past week (7 days)?

	Not at all	A little bit	Somewhat	Quite a bit	Very much
54. I am not interested in activities that will expand my horizons.	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
55. I think it is important to have new experiences that challenge how you think about yourself and the world.	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
56. When I think about it, I haven't really improved much as a person over the years.	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
57. I have the sense that I have developed a lot as a person over time.	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
58. For me, life has been a continuous process of learning, changing, and growth.	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
59. I gave up trying to make big improvements or changes in my life a long time ago.	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴

How true have the following been for you in this past week (7 days)?

Not at all A little bit Some-what Quite a bit Very much

- 60. I do not enjoy being in new situations that require me to change my old familiar ways of doing things. 0 1 2 3 4
- 61. I live life one day at a time and don't really think about the future. 0 1 2 3 4
- 62. I have a sense of direction and purpose in life. 0 1 2 3 4
- 63. I don't have a good sense of what it is I'm trying to accomplish in life. 0 1 2 3 4
- 64. My daily activities often seem trivial and unimportant to me. 0 1 2 3 4
- 65. I enjoy making plans for the future and working to make them a reality. 0 1 2 3 4
- 66. I am an active person in carrying out the plans I set for myself. 0 1 2 3 4
- 67. Some people wander aimlessly through life, but I am not one of them. 0 1 2 3 4
- 68. I sometimes feel as if I've done all there is to do in life. 0 1 2 3 4
- 69. I felt peaceful. 0 1 2 3 4
- 70. I had a reason for living. 0 1 2 3 4
- 71. My life has been productive. 0 1 2 3 4
- 72. I had trouble feeling peace of mind. 0 1 2 3 4
- 73. I felt a sense of purpose in my life. 0 1 2 3 4
- 74. I was able to reach down deep into myself for comfort. 0 1 2 3 4
- 75. I felt a sense of harmony within myself. 0 1 2 3 4
- 76. My life lacked meaning and purpose. 0 1 2 3 4
- 77. I found comfort in my faith or spiritual beliefs. 0 1 2 3 4
- 78. I found strength in my faith or spiritual beliefs. 0 1 2 3 4
- 79. I am always hopeful about my future. 0 1 2 3 4

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