



## Form 160P - Activities of Daily Life

Please complete the survey below.

Thank you!

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ 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

3. 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 walking sticks or poles
- ☐ I use crutches
- ☐ I use a walker

- ☐ I use another aid not listed here
- ☐ I use a wheelchair
- ☐ I use a mobility scooter

4. Do you live alone?

- ☐ No
- ☐ Yes

5. Do you currently drive?

- ☐ No
- ☐ Yes

6. In the past year, have you stayed in a nursing home or rehab facility?

- ☐ No
- ☐ Yes

7. 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

7.1 Are you currently receiving any of these services?

- ☐ No
- ☐ Yes

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 one circle on each line.**

	No, not limited at all	Yes, limited a little	Yes, limited a lot
8. Vigorous activities, such as running, lifting heavy objects, or strenuous sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Moderate activities, such as moving a table, vacuuming, bowling, or golfing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lifting or carrying groceries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Climbing several flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>12.</b> Climbing one flight of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13.</b> Bending, kneeling, stooping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14.</b> Walking more than a mile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15.</b> Walking several blocks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16.</b> Walking one block.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17.</b> Bathing or dressing yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.**

I can do this activity:

	By myself without help	With some help	Completely unable to do this by myself
<b>18.</b> Can you feed yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19.</b> Can you dress and undress yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20.</b> Can you get in and out of bed yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21.</b> Can you take a bath or shower?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>22.</b> Can you do your own grocery shopping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23.</b> Can you keep track of and take your medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit