

8. 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 →

8.1 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
9. Vigorous activities, such as running, lifting heavy objects, or strenuous sports	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Moderate activities, such as moving a table, vacuuming, bowling, or golfing	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
11. Lifting or carrying groceries	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. Climbing several flights of stairs	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
13. Climbing one flight of stairs	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
14. Bending, kneeling, stooping	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
15. Walking more than a mile	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
16. Walking several blocks	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
17. Walking one block	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
18. Bathing or dressing yourself	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

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
19. Can you feed yourself?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20. Can you dress and undress yourself?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
21. Can you get in and out of bed yourself?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
22. Can you take a bath or shower?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

I can do this activity:	By myself without help	With some help	Completely unable to do this by myself
23. Can you do your own grocery shopping?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
24. Can you keep track of and take your medicines?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

The next questions are about your sleep habits and experiences. Pick the answer that best describes how often you experienced the situation in the past 4 weeks.

	No, not in past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
25. Did you have trouble falling asleep?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
26. Did you wake up several times at night?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
27. Did you wake up earlier than you planned to?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
28. Did you have trouble getting back to sleep after you woke up too early?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

29. Overall, was your typical night's sleep during the past 4 weeks:

Very sound or restful	Sound or restful	Average quality	Restless	Very restless
<input type="radio"/> ₅	<input type="radio"/> ₄	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁

This next set of questions asks you to rate any change in your abilities, daily functioning and activities. Fill in the circle 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
30. Recalling information when I really try	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
31. Remembering names and faces of new people I meet	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
32. Remembering things that have happened recently	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

	No change	Minimal change	Some change	Clearly noticeable change	Much worse
33. Recalling conversations a few days later	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
34. Remembering where things are usually kept	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
35. Remembering new information told to me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
36. Remembering where I placed familiar objects	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
37. Remembering what I intended to do	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
38. Remembering names of family members and friends	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
39. Remembering without notes and reminders	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
40. People who know me would find that my memory is	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
41. Remembering things compared to my age group	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
42. Making decisions about everyday matters	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
43. Reasoning through a complicated problem	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
44. Focusing on goals and carrying out a plan	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
45. Shifting easily from one activity to the next	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
46. Organizing my daily activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
47. Understanding conversation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
48. Expressing myself when speaking	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
49. Following a story in a book, movie or on TV	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

50. How concerned are you about the changes you described in items 30-49. **Mark only one.**

Not at all concerned Slightly concerned Mildly concerned Moderately concerned Extremely concerned

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