

## Form 160 – Activities of Daily Life

Ver. 1

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

1.	_				health is:  O3 Goo		•	o <sub>5</sub> P	oor		
2.	Overall	how wo	ould you	rate you	ur quality	of life?	Mark	one cir	cle belo	w.	
	0 O Wors	1 0	2	3	4 0	5 O Halfway	6	7	8	9	10 O Best
		d or wor								Ве	st quality of life
3.	What is	your cui	rrent wei	ght?		po	unds				
	<b>3.1</b> Ha	ave you l	lost more	than 5	pounds i	in the pa	st year?	?			
		o No	O1 Y		. —				veight?	O <sub>0</sub> No	O <sub>1</sub> Yes
	2.2 II.		~ .id .m.	ama tha							
		ave you g o No		es —	n 5 pound  → \[ \square \]				. 1.0	• N	O 17
		0 110		CS	W	ere you	trying	to gain v	weight?	O <sub>0</sub> No	O <sub>1</sub> Yes
4.	O <sub>1</sub> I do	not use	any aid		use to w 04 I I 05 I I 06 I I	ise crutc ise a wal	hes lker	0	7 I use a 8 I use a	wheelch mobility	nair y scooter
5.	Do you	live alor	ne?							No O <sub>0</sub>	Yes O <sub>1</sub>
<i>6</i> .	•	currently								O <sub>0</sub>	O <sub>1</sub>
	In the p	_		ı stayed	d in a nur	sing hon	ne or re	hab faci	ility?	<b>O</b> <sub>0</sub>	O <sub>1</sub>
0	OFFICE USE ONLY										
- F	Date received  MM DD N  Reviewed by  RCR	d: <u>/YYY</u> : 80			act Type: Phone	O <sub>2</sub> Mail			Participa	ant ID Labe	<b>el</b>
	_	OU1	OU2								

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)?

O <sub>0</sub> No	O <sub>1</sub> Yes	<b>→</b>	Are you c	currently receiving any of these ser	vices?

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
<b>9.</b> Vigorous activities, such as running, lifting heavy objects, or strenuous sports	<b>O</b> <sub>3</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>1</sub>
<b>10.</b> Moderate activities, such as moving a table, vacuuming, bowling, or golfing	<b>O</b> <sub>3</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>1</sub>
11. Lifting or carrying groceries	<b>O</b> <sub>3</sub>	$O_2$	O <sub>1</sub>
12. Climbing several flights of stairs	<b>O</b> <sub>3</sub>	$O_2$	<b>O</b> <sub>1</sub>
13. Climbing one flight of stairs	<b>O</b> <sub>3</sub>	$O_2$	O <sub>1</sub>
<b>14.</b> Bending, kneeling, stooping	<b>O</b> <sub>3</sub>	$O_2$	<b>O</b> <sub>1</sub>
15. Walking more than a mile	<b>O</b> <sub>3</sub>	$O_2$	O <sub>1</sub>
16. Walking several blocks	<b>O</b> <sub>3</sub>	$O_2$	O <sub>1</sub>
17. Walking one block	<b>O</b> <sub>3</sub>	$O_2$	O <sub>1</sub>
18. Bathing or dressing yourself	<b>O</b> <sub>3</sub>	<b>O</b> <sub>2</sub>	O <sub>1</sub>

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?	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>
<b>20.</b> Can you dress and undress yourself?	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>
21. Can you get in and out of bed yourself?	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>
<b>22.</b> Can you take a bath or shower?	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>

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I can do this activity:	By myself without help	With some help	unable to do this by myself
23. Can you do your own grocery shopping?	O <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>
24. Can you keep track of and take your medicines	S? O <sub>1</sub>	$O_2$	<b>O</b> <sub>3</sub>

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
<b>25.</b> Did you have trouble falling asleep?	O <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> <sub>5</sub>
<b>26.</b> Did you wake up several times at night?	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> 5
<b>27.</b> Did you wake up earlier than you planned to?	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> 5
<b>28.</b> Did you have trouble getting back to sleep after you woke up too early?	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> 5

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

Very sound	Sound or	Average		Very
or restful	restful	quality	Restless	restless
<b>O</b> <sub>5</sub>	$O_4$	$O_3$	$O_2$	<b>O</b> <sub>1</sub>

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 <u>compared to 5 years ago</u>.

	No change	Minimal change	Some change	Clearly noticeable change	Much worse
<b>30.</b> Recalling information when I really try	O <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>31.</b> Remembering names and faces of new people I meet	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>32.</b> Remembering things that have happened recently	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>

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	No change	Minimal change	Some change	Clearly noticeable change	Much worse
<b>33.</b> Recalling conversations a few days later	O <sub>1</sub>	$O_2$	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>34.</b> Remembering where things are usually kept	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> 5
35. Remembering new information told to me	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> <sub>5</sub>
<b>36.</b> Remembering where I placed familiar objects	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> 5
<b>37.</b> Remembering what I intended to do	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> 5
<b>38.</b> Remembering names of family members and friends	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>39.</b> Remembering without notes and reminders	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>40.</b> People who know me would find that my memory is	O <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>41.</b> Remembering things compared to my age group	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>42.</b> Making decisions about everyday matters	O <sub>1</sub>	$O_2$	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> 5
<b>43.</b> Reasoning through a complicated problem	<b>O</b> <sub>1</sub>	$O_2$	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> 5
<b>44.</b> Focusing on goals and carrying out a plan	<b>O</b> <sub>1</sub>	$O_2$	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> 5
<b>45.</b> Shifting easily from one activity to the next	O <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>
<b>46.</b> Organizing my daily activities	O <sub>1</sub>	$O_2$	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> <sub>5</sub>
47. Understanding conversation	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> 5
<b>48.</b> Expressing myself when speaking	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> 5
<b>49.</b> Following a story in a book, movie or on TV	<b>O</b> <sub>1</sub>	<b>O</b> <sub>2</sub>	<b>O</b> <sub>3</sub>	<b>O</b> 4	<b>O</b> <sub>5</sub>

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

Not at all	Slightly	Mildly	Moderately	Extremely
concerned	concerned	concerned	concerned	concerned
<b>O</b> <sub>1</sub>	$O_2$	<b>O</b> <sub>3</sub>	<b>O</b> <sub>4</sub>	<b>O</b> <sub>5</sub>

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