

ACTIVITIES OF DAILY LIVING (FA-ADL)

Ideally, these questions should be ascertained from the family/ spouse/caregiver. If both the subject and the family member provide a rating and there is disagreement, please enter the family member's score. **Increments of 0.5 may be used if strongly felt that a task falls between 2 scores.**

How was this collected? Participant/family reported only Administered/structured interview

Response provided by: Participant Family/ Spouse/Caregiver Participant and Family

1. How would you describe your/ the patient's speech? Score: _____._____

0 = Normal

1 = Mildly affected. No difficulty being understood

2 = Moderately affected. Sometimes asked to repeat statements

3 = Severely affected. Frequently asked to repeat statements

4 = Unintelligible most of the time

2. How affected is your/ the patient's ability to swallow? Score: _____._____

0 = Normal

1 = Rare choking (less than once a month)

2 = Frequent choking (less than once a week, greater than once a month)

3 = Requires modified food or chokes multiple times a week. Or subject avoids certain foods

4 = Requires feeding tube or gastrostomy feedings

3. How affected is your/ the patient's ability to cut food and handle utensils? Score: _____._____

0 = Normal

1 = Somewhat slow and clumsy, but no help needed

2 = Clumsy and slow, but can cut most foods with some help needed. Or needs assistance when in a hurry

3 = Food must be cut by someone, but can still feed self slowly

4 = Needs to be fed

4. How affected is your/ the patient's ability to dress himself/herself? Score: _____._____

0 = Normal

1 = Somewhat slow, but no help needed

2 = Occasional assistance with buttoning, getting arms in sleeves, etc. or has to modify activity in some way (e.g. Having to sit to get dressed; use velcro for shoes, stop wearing ties, etc.)

3 = Considerable help required, but can do some things alone

4 = Needs to be dressed

5. How affected is your/ the patient's ability to perform personal hygiene activities by himself/herself? Score: _____._____

- 0 = Normal
- 1 = Somewhat slow, but no help needed
- 2 = Very slow hygienic care or has need for devices such as special grab bars, tub bench shower chair, etc.;
- 3 = Requires personal help with washing, brushing teeth, combing hair or using toilet.
- 4 = Fully dependent (bed-bound)

6. How often do you/ the patient fall? (assistive device = 3) Score: _____._____

- 0 = Normal
- 1 = Rare falling (less than once a month)
- 2 = Occasional falls (once a week to once a month)
- 3 = Falls multiple times a week or requires a device to prevent falls
- 4 = Unable to stand or walk

7. How affected is your/ the patient's ability to walk? (assistive device = 3) Score: _____._____

- 0 = Normal
- 1 = Mild difficulty, perception of imbalance
- 2 = Moderate difficulty, but requires little or no assistance
- 3 = Severe disturbance of walking, requires assistance or walking aids
- 4 = Cannot walk at all even with assistance (wheelchair bound)

8. How affected is your/ the patient's quality of sitting position? Score: _____._____

- 0 = Normal
- 1 = Slight imbalance of the trunk, but needs no back support
- 2 = Unable to sit without back support
- 3 = Can sit only with extensive support (Geriatric chair, posey, etc.)
- 4 = Unable to sit

9. How affected is your/ the patient's bladder function? (if using medications for bladder, please select 3) Score: _____._____

- 0 = Normal
- 1 = Mild urinary hesitance, urgency or retention (less than once a month)
- 2 = Moderate hesitance, urgency, rare retention/incontinence (greater than once a month, but less than once a week)
- 3 = Frequent urinary incontinence (greater than once a week)
- 4 = Loss of bladder function requiring intermittent catheterization/indwelling