

Form B7: FUNCTIONAL ASSESSMENT NACC Functional Assessment Scale (FAS¹)

ADC name: _____ Subject ID: _____ Form date: ____/____/____ Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on information provided by the co-participant. For further information, see UDS Coding Guidebook for Initial Visit Packet, Form B7. Indicate the level of performance for each activity by checking the one appropriate response.

<i>In the past four weeks, did the subject have difficulty or need help with:</i>	Not applicable (e.g., never did)	Normal	Has difficulty, but does by self	Requires assistance	Dependent	Unknown
1. Writing checks, paying bills, or balancing a checkbook	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
2. Assembling tax records, business affairs, or other papers	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
3. Shopping alone for clothes, household necessities, or groceries	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
4. Playing a game of skill such as bridge or chess, working on a hobby	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
5. Heating water, making a cup of coffee, turning off the stove	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
6. Preparing a balanced meal	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
7. Keeping track of current events	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
8. Paying attention to and understanding a TV program, book, or magazine	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
9. Remembering appointments, family occasions, holidays, medications	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
10. Traveling out of the neighborhood, driving, or arranging to take public transportation	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9

¹Adapted from table 4 of Pfeffer RI, Kurosaki TT, Harrah CH, et al. Measurement of functional activities of older adults in the community. J Gerontol 37:323-9, 1982. Copyright© 1982. The Gerontological Society of America. Reproduced by permission of the publisher.