

# Form B7: FUNCTIONAL ASSESSMENT NACC Functional Assessment Scale (FAS<sup>1</sup>)

ADRC name: \_\_\_\_\_ Participant 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.

| In the past four weeks, did the subject have difficulty or need help with:                 | Not applicable<br>(e.g., never did) | Normal                     | Has difficulty,<br>but does<br>by self | Requires<br>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 |

<sup>1</sup>Adapted 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.