Your Daily Activities (IADL Scale)

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Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

Instructions: Please fill in one bubble response for each question.

1. DailyTelephone lephone...
   - 1 without help, including looking up and dialing;
   - 2 with some help (can answer phone or dial operator in an emergency, but need a special phone or help in getting the number or dialing); or
   - 3 are you completely unable to use the telephone?

2. DailyDistance s out of walking distance...
   - 1 without help, (drive your own car, or travel alone on buses, or taxis);
   - 2 with some help (need someone to help you or go with you when travelling); or
   - 3 are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance?

3. DailyShopping ping for groceries or clothes (assuming you had transportation)...
   - 1 without help, (taking care of all shopping needs yourself, assuming you had transportation);
   - 2 with some help (need someone to go with you on all shopping trips); or
   - 3 are you completely unable to do any shopping?

4. DailyMeals are your own meals...
   - 1 without help, (plan and cook full meals yourself);
   - 2 with some help (can prepare some things but unable to cook full meals yourself); or
   - 3 are you completely unable to prepare any meals?

5. DailyHousework usework...
   - 1 without help, (can clean floors, etc.);
   - 2 with some help (can do light houseowrok but need help with heavy work); or
   - 3 are you completely unable to do any housework?

6. DailyMedicines own medicines...
   - 1 without help, (in the right doses at the right time);
   - 2 with some help (able to take medicine if someone prepares it for you and/or reminds you to take it); or
   - 3 are you completely unable to take your medications?

7. DailyMoney lle your own money...
   - 1 without help, (write checks, pay bills, etc.);
   - 2 with some help (manage day-to-day buying but need help with managing your checkbook and paying your bills); or
   - 3 are you completely unable to handle money?

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