

Activities of Daily Living

a1	Do you need help with bathing more than one part of your body or getting in or out of the tub or shower?	1 = Yes; 2 = No	__
a2	Do you need help getting dressed partially or completely (not including tying of shoes)?	1 = Yes; 2 = No	__
a3	Do you need help going to the toilet or cleaning yourself after using the toilet or do you use a commode or bed-pan?	1 = Yes; 2 = No	__
a4	Do you need someone (i.e. not a walking aid) to help you move from a bed to a chair?	1 = Yes; 2 = No	__
a5	Are you partially or totally incontinent of bowel or bladder?	1 = Yes; 2 = No	__
a6	Do you need partial or total help with eating?	1 = Yes; 2 = No	__
a7	Is someone taking care of you or helping you with everyday activities such as shopping, cooking, bathing and dressing?	1 = Yes; 2 = No	__
a8	Do you have problems chewing food?	1 = Yes; 2 = No	__