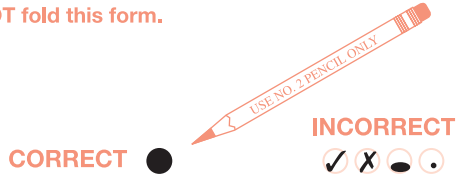


Instrumental Activities of Daily Living (IADL) Short Form

Self-administered. Intended for participants not on the Long Version List.

MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make NO stray marks.
- Do NOT fold this form.



MACSID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

VISIT #	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

VISIT DATE		
MO	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	0	0
<input type="radio"/> Apr	1	1
<input type="radio"/> May	2	2
<input type="radio"/> Jun	3	3
<input type="radio"/> Jul	4	4
<input type="radio"/> Aug	5	5
<input type="radio"/> Sep	6	6
<input type="radio"/> Oct	7	7
<input type="radio"/> Nov	8	8
<input type="radio"/> Dec	9	9

DATE OF BIRTH		
MO	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	0	0
<input type="radio"/> Apr	1	1
<input type="radio"/> May	2	2
<input type="radio"/> Jun	3	3
<input type="radio"/> Jul	4	4
<input type="radio"/> Aug	5	5
<input type="radio"/> Sep	6	6
<input type="radio"/> Oct	7	7
<input type="radio"/> Nov	8	8
<input type="radio"/> Dec	9	9

INSTRUCTIONS TO PARTICIPANT: We are interested in knowing how well you are able to perform some common tasks. We need to know about your ability level NOW (in the last month or so).

1. Housekeeping - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I maintain my house/apartment by myself or only need occasional help for larger jobs
- b. I am fully able to do housekeeping, but choose not to do so
- c. I only perform light daily tasks (wash dishes, make bed)
- d. I perform some light tasks, but have difficulty keeping my place clean
- e. I need help with all housekeeping tasks

2. Managing finances - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I manage all of my finances (check cashing, banking, handling money) by myself
- b. I am able to handle my own finances, but someone else does them for me
- c. I manage routine small purchases, but need help with banking, checking and balancing accounts
- d. I am not able to handle money accurately

3. Buying Groceries - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I create my own grocery list and do my own shopping
- b. I am able to create my own grocery list and do my own shopping, but someone else does it for me
- c. I need occasional assistance in buying groceries
- d. I need someone else to do my grocery shopping for me



CENTER PERP

4. **Cooking - Pick the one option that best describes your ability level NOW (in the last month or so).**

- a. I plan, prepare, and serve many of my own meals
- b. I am able to plan, prepare, and serve my own meals but someone else does it for me
- c. I prepare meals if someone else provides me with the right ingredients
- d. I heat and serve meals provided by others
- e. I need to have meals prepared and served to me

5. **Planning social activities - Pick the one option that best describes your ability level NOW (in the last month or so).**

- a. I frequently initiate and plan social activities (e.g., going out, having a party)
- b. I rarely initiate and plan social activities
- c. I do not plan and initiate social activities

6. **Understanding reading materials/TV - Pick the one option that best describes your ability level NOW (in the last month or so).**

- a. I understand reading materials (e.g., novels, newspaper) and TV (plots, etc.) without difficulty
- b. I have occasional difficulty understanding reading materials or TV
- c. I have frequent difficulty understanding reading materials or TV
- d. I am unable to understand reading materials or TV

7. **Transportation - Pick the one option that best describes your ability level NOW (in the last month or so).**

- a. I drive my own car or take public transportation on my own (if you do not own a car)
- b. I arrange my own travel using taxis, but do not drive or use public transportation
- c. I can travel on public transportation or use taxis if I am assisted by another
- d. I am entirely dependent on others to take me where I need to go

8. **Using the telephone - Pick the one option that best describes your ability level NOW (in the last month or so).**

- a. I do not have access to a telephone
- b. I handle using the telephone without difficulty (looking up and dialing new numbers, etc.)
- c. I only dial a few well-known numbers
- d. I answer the telephone, but do not dial
- e. I do not use the telephone at all

9. Home repairs - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I handle most minor home repairs (plumbing, gardening)
 - b. I am capable of making minor repairs but choose not to
 - c. I need assistance with most minor home repairs
 - d. I am unable to do most repairs by myself
-

10. Bathing - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I handle all of my bathing needs by myself
 - b. I need occasional assistance with bathing (getting in and out of the tub/shower etc.)
 - c. I always need help from others when bathing
-

11. Dressing - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I am able to dress myself and pick out my own clothes
 - b. I dress myself, but someone else must pick out my clothes for me
 - c. I need occasional assistance getting dressed or frequently make mistakes in choosing clothes
 - d. I need frequent assistance in getting dressed
-

12. Shopping (e.g., clothes, other non-food goods) - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I take care of all of my shopping needs
 - b. I am able to shop, but choose to have someone else do my shopping for me
 - c. I only make small purchases
 - d. I need someone to go with me on any shopping trip
 - e. I am unable to shop
-

13. Laundry - Pick the one option that best describes your ability level NOW (in the last month or so).

- a. I do all of my own laundry
 - b. I am able to do my own laundry, but choose to have others do it for me
 - c. I need occasional help in doing the laundry
 - d. I launder only small items (e.g., rinse socks, stockings, etc.)
 - e. All laundry must be done by others
-

