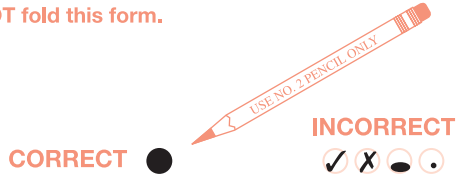


Instrumental Activities of Daily Living (IADL) Short Form

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				VISIT #		VISIT DATE			DATE OF BIRTH		
MACSID				VISIT #		MO	DAY	YEAR	MO	DAY	YEAR
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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 **IADL1A_055**
- 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 **IADL2A_055**
- 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 **IADL3A_055**
- 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 IADL4A_055
- 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) IADL5A_055
- 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 IADL6A_055
- 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) IADL7A_055
- 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 IADL8A_055
- 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)

IADL9A_055

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

IADL10A_055

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

IADL11A_055

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

IADL12A_055

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

IADL13A_055

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

14. Taking/keeping track of medication - Pick the one option that best describes your ability level NOW (in the last month or so).

IADL14A_055

- a. I take sole responsibility for taking medications in correct dosages at the correct time
- b. I am able to take care of my own medications, but choose to have someone else do it for me
- c. I take medications that are prepared in individual doses by someone else
- d. I am unable to track my own medications

15. Child Care - Pick the one option that best describes your ability level NOW (in the last month or so). If you do not have children, mark option (a).

IADL15A_055

- a. I do not have children
- b. I am fully able to handle the care of my children
- c. I need occasional assistance in caring for my children
- d. I need constant assistance in caring for my children

16. Work - Pick the one option that best describes your ability level NOW (in the last month or so). If you have retired and are no longer paid to work, mark option (a). If you have retired but still get paid to work, choose one of options (b), (c), (d) or (e).

IADL16A_055

- a. I am retired
- b. I am efficient at work
- c. I am not very efficient at work and have difficulty maintaining attention or finishing tasks
- d. I am having a great deal of difficulty in maintaining attention or finishing tasks at work
- e. I am no longer able to work

17. I feel that the difficulties that I am having on the above tasks, if any, are due to

IADL17_055

- a. I am not having any difficulties on the previous tasks
- b. Primarily cognitive problems (for example, thinking, memory, paying attention)
- c. Primarily physical problems (for example, fatigue, feeling sick)
- d. Equally cognitive and physical problems

18. If you are having more difficulty than you used to with the above tasks, approximately when did the difficulties begin?

IADL18_055

- a I am not having any difficulties
- b Within the last month
- c 1 to 6 months ago
- d 6 months to 2 years ago
- e 2 to 5 years ago
- f More than 5 years ago

DO NOT WRITE IN THIS AREA



SERIAL #