



(Affix Label Here)

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Date Form Filled Out:

Grid of 10 boxes for date entry

d d M M M y y y y (e.g., 10JUN2005)

Interviewer Code: [ ] [ ] [ ]

Circle Field Center Location:

BU CU DK UP

Circle Visit: 1Visit 1 3Visit 2 4Visit 2 (New Participant)

Form Version Date: 13/03/2015

IADL Scale Visit 2

Section A: Please Mark the Appropriate Box Below:

- 1 This Form was Administered via a DFR/Proxy (Go to Section B)
2 This Form was Administered In-Person by Study Personnel
3 This Form was Administered via Telephone by Study Personnel
4 This Form was Mailed and Self-Administered by Participant
5 This Form was Administered by Other:

Section B. Proxy Tracking. Denmark skip to B2.

B1. US sites:

Which contact person on the PCI form completed this form as the proxy? (Enter the corresponding number such as 6a, 6e, 6i, 8a, 8e, etc from the PCI form)

Go to B3

B2. Denmark: What is proxy's relationship to the Study Participant?

- 1 Spouse
2 Child (Daughter/Son)
3 Sibling (Brother/Sister)
4 Niece/Nephew
5 Other (Please Specify):
6 Caregiver

B3. Please provide the reason that you are completing this form on behalf of or instead of the Study Participant (Please X All that Apply)

- Physical Illness/Serious incapacitating illness
Hearing impairment
Nursing home or long-term care
Visual impairment
Self-doubt/Fearfulness about own limitations
Other:
Dementia/Cognitive impairment
Too Busy/Unavailable
Unable to be reached or located
Fatigue/Too overwhelmed
Uninterested/Unmotivated

**P1.** Please tell me about your ability to use the telephone. Would you say...

- 1 .....I operate a telephone on my own initiative—I look up and dial numbers, etc
- 2 .....I dial a few well-known numbers
- 3 .....I answer the telephone but do not dial
- 4 .....I do not use a telephone at all
- 5 ....Have difficulty for physical reasons only

**P2.** Please tell me about your ability to shop. Would you say...

- 1 .....I take care of all shopping needs independently
- 2 .....I shop independently for small purchases
- 3 .....I need to be accompanied on any shopping trip
- 4 .....I am completely unable to shop
- 5 ....Have difficulty for physical reasons only

**P3.** Please tell me about your ability to prepare food. Would you say...

- 1 .....I plan, prepare and serve adequate meals independently
- 2 .....I prepare adequate meals if supplied with ingredients
- 3 .....I heat, serve and prepare meals, or I prepare meals but do not maintain adequate diet
- 4 .....I need to have meals prepared or served
- 5 ....Have difficulty for physical reasons only

**P4.** Please tell me about your ability to keep house. Would you say...

- 1 .....I maintain house alone or with occasional assistance (e.g., “heavy work domestic help”)
- 2 .....I perform light daily tasks such as dish-washing, bedmaking
- 3 .....I perform light daily tasks but cannot maintain an acceptable level of cleanliness
- 4 .....I need help with all home maintenance tasks
- 5 .....I do not participate in any housekeeping tasks
- 6 ....Have difficulty for physical reasons only

**P5.** Please tell me about your ability to do laundry. Would you say...

- 1 .....I do personal laundry completely
- 2 .....I launder small items—rinse stockings, etc
- 3 .....All of my laundry must be done by others
- 4 ....Have difficulty for physical reasons only

**P6.** Please tell me about how you go places. Would you say...

- 1 .....I travel independently on public transportation or drive my own car
- 2 .....I arrange my own travel via taxi, but I do not otherwise use public transportation
- 3 .....I travel on public transportation when accompanied by another
- 4 .....My travel is limited to taxi or automobile with the assistance of another
- 5 .....I do not travel at all
- 6 ....Have difficulty for physical reasons only

**P7.** Please tell me about your ability to administer your medications. Would you say...

- 1 .....I am responsible for taking my medication in correct dosages at the correct time
- 2 .....I take responsibility if medication is prepared in advance in separate dosages
- 3 .....I am not capable of dispensing my own medication
- 4 ....Have difficulty for physical reasons only

**P8.** Please tell me about your ability to handle finances. Would you say...

- 1 .....I manage financial matters independently (budget, write checks, pay rent, bills, go to bank)
- 2 .....I manage day-to-day purchases, but I need help with banking, major purchase, etc.
- 3 .....I am incapable of handling money
- 4 ....Have difficulty for physical reasons only