

<b>PARTICIPANT ID</b> <input type="text"/> <b>Y1PPTID</b>	<b>DATE</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <b>Y1DATE</b>	<b>STAFF ID</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>Y1STAFID</b>	<b>VISIT</b> <b>BASELINE</b>
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### ACTIVITIES OF DAILY LIVING

Now, I am going to ask you some questions about how you take care of yourself AT THIS TIME. Each question is about some activity of daily living, things we all need to do as part of our daily lives.

AT THIS TIME, do you receive assistance with:	Receive no assistance	Receive some assistance	Unable to do alone
Washing or bathing yourself? <b>Y1ADLA</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Dressing and undressing (other than tying shoes)? <b>Y1ADLB</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Going to the toilet or cleaning yourself? <b>Y1ADLC</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting in and out of bed or a chair? <b>Y1ADLD</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Eating (other than precutting meat or buttering bread)? <b>Y1ADLE</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Walking (other than using a single, straight cane)? <b>Y1ADLF</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Using the telephone, including looking up and dialing numbers, and answering the phone? <b>Y1ADLG</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Getting to places out of walking distance by using public transportation or driving your car? <b>Y1ADLH</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Shopping for groceries or clothes? <b>Y1ADLI</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Preparing, serving, and providing meals for yourself? <b>Y1ADLJ</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Doing light housework, such as dusting or washing dishes? <b>Y1ADLK</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Doing laundry? <b>Y1ADLL</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Taking pills or medicines in the correct amounts and at the correct times? <b>Y1ADLM</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Handling your own money, including writing checks and paying bills? <b>Y1ADLN</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>

PARTICIPANT ID

# HEART AND SOUL STUDY

## *Activities of Daily Living*

AT THIS TIME:	Never	Sometimes	Often
How often do you have accidents with your bowels during the day or night? <b>Y1ADLO</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
How often do you wet yourself during the day or night? <b>Y1ADLP</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>

	$\geq$ 3 days	1 or 2 days	0 days
<b>In the past 2 weeks</b> , how many times have you been outside of your house (or residence)? <b>Y1ADLQ</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>