## Activities of Daily Living

1. \*\*Indicate the description that reflects the participant’s/subject’s current level of speech.

Without any difficulty

Mildly affected; no difficulty being understood

Moderately affected; sometimes asked to repeat statements

Severely affected; frequently asked to repeat statements

Unintelligible most of the time

1. \*\*Indicate the description that reflects the participant’s/subject’s current level of swallowing.

Without any difficulty

Rare choking (less than once a month)

Frequent choking (less than once a week, greater than once a month)

Requires modified food or chokes multiple times a week or subject avoids certain foods

Requires NG tube or gastrostomy feedings

1. \*\*Indicate the description that reflects the participant’s/subject’s current level of functioning for cutting food/ use of items.

Without any difficulty

Somewhat slow and clumsy, but no help needed

Clumsy and slow, but can cut most foods with some help needed or needs assistance when in a hurry

Food must still be cut by someone, but can still feed self slowly

Needs to be fed

1. \*\*Indicate the description that reflects the participant’s/subject’s current level of dressing.

Without any difficulty

Somewhat slow, but no help needed

Occasional assistance with buttoning, getting arms in sleeves, etc. or has to modify activity in some way (e.g. having to sit to get dressed; use Velcro for shoes, stop wearing ties, etc.)

Considerable help required but can do some things alone

Helpless

1. \*\*Indicate the description that reflects the participant’s/subject’s current level of personal hygiene.

Without any difficulty

Somewhat slow, but no help needed

Very slow hygiene care or has need for devices such as special grab bars, tub bench, shower chair, etc.

Requires personal help with washing, brushing teeth, combing hair or using toilet

Fully dependent (bed-bound)

1. \*\*Indicate the description that reflects the participant’s/subject’s current rate of falls.

Never

Rare falling (less than once a month)

Occasional falls (once a week to once a month)

Falls multiple times a week or requires device to prevent falls

Unable to stand

1. \*Indicate the description that reflects the participant’s/subject’s current ability to walk.

Without any difficulty

Mild difficulty, perception of imbalance

Moderate difficulty, but requires little or no assistance

Severe disturbance of walking, requires assistance or walking aids

Cannot walk at all even with assistance (wheelchair bound)

1. \*\*Indicate the description that reflects the participant’s/subject’s current ability to sit.

Without any difficulty

Slight imbalance of the trunk, but needs no back support

Unable to sit without back support

Can sit only with extensive support (geriatric chair, posy, etc.)

Unable to sit

1. \*\*Indicate the description that reflects the participant’s/subject’s current level of bladder control.

Without any difficulty

Mild urinary hesitance, urgency or retention (less than once a month)

Moderate hesitance, urgency, rate retention/ incontinence (greater than once a month, but less than once a week)

Frequent urinary incontinence (greater than once a week)

Loss of bladder function requiring intermittent catheterization/ indwelling catheter

## Gait

1. Indicate the description that reflects the participant’s/subject's current level of difficulty walking.

Without any difficulty (Stop here)

With some difficulties walking or getting around (Skip to question 12)

With difficulty, difficulty walking interfered with activities of daily living (Skip to question 12)

Unable to walk on their own

1. If participant/ subject is unable to walk on their own, indicate reason why: (Skip to question 17)
2. If participant/subject walks with some difficulties or with difficulty, indicate age when participant first noticed problems with walking.

(years)  Unknown

1. If participant /subject walks with some difficulties or with difficulty, indicate age when other people noticed gait disturbances.

(years)  Unknown

1. If participant/subject walks with difficulty, indicate age when difficulty with walking interfered with activities.

(years)  Unknown

1. If participant/subject needs intermittent support for walking, indicate age of participant when support first needed.

(years)  Unknown

1. If participant/subject needs permanent support for walking, indicate age of participant when support first needed.

(years)  Unknown

1. If participant/subject is permanently bound to the wheelchair, indicate age of participant when first permanently bound to wheelchair.

(years)  Unknown

1. Indicate if the participant/subject uses an assistive device.

Yes  No (Stop here)  Unknown (Stop here)

1. Indicate if the participant/subject uses a cane.

Yes  No (Skip to question 21)  Unknown (Skip to question 21)

1. If yes to cane, indicate age participant/subject began using a cane.

(years)  Unknown

1. Indicate if the participant/subject uses two canes/ crutches.

Yes  No (Skip to question 23)  Unknown (Skip to question 23)

1. If yes to canes/ crutches, indicate age participant/subject began using two canes/ crutches.

(years)  Unknown

1. Indicate if participant/subject uses a walker.

Yes  No (Skip to question 25)  Unknown (Skip to question 25)

1. If yes to walking, indicate age participant/subject began using a walker.

(years)  Unknown

1. Indicate if participant/subject uses canine assistance.

Yes  No (Skip to question 27)  Unknown (Skip to question 27)

1. If yes to canine assistance, indicate age participant/subject began using canine assistance.

(years)  Unknown

1. Indicate if the participant/subect uses a wheelchair.

Yes  No (Skip to question 29)  Unknown (Skip to question 29)

1. If yes to wheelchair, indicate age participant/subjectbegan using wheelchair.

(years)  Unknown

1. Indicate if the participant/subject uses any other assistive device.

Yes  No (Skip to question 31)  Unknown (Skip to question 31)

1. If yes to other assistive device, indicate age participant/subject began using other assistive device.

years)  Unknown

1. Indicate the amount of time the participant/subject uses the primary assistive walking device.

: (hh:mm)  N/A

## General Instructions

This form contains data elements that are collected to evaluate Activities of Daily Living and Gait.

This form should be completed by the physician or health professional in discussion with the patient.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Indicate the description that reflects the participant’s/subject’s current level of difficulty walking – Choose one. If answer is “Without and difficulty” stop here and do not complete the rest of the form. If answer is “With some difficulties walking or getting around” or “With difficulty, difficulty walking interfered with activities of daily living” skip to question #12, “if participant walks with some difficulties or with difficulty, indicate age when participant first noticed problems with walking”
* If participant/subject is unable to walk on their own, indicate reason why: After answering this question skip to question 17, “if participant is permanently bound to the wheelchair, indicate age of participant when first permanently bound to wheelchair.”
* If participant/subject walks with some difficulties or with difficulty, indicate age when participant first noticed problems with walking – Answer should be recorded in years. If age unknown, leave age blank and check Unknown.
* If participant /subject walks with some difficulties or with difficulty, indicate age when other people noticed gait disturbances – Age should be recorded in years. If age unknown, leave age blank and check Unknown.
* If participant/subject walks with difficulty, indicate age when difficulty with walking interfered with activities – Age should be recorded in years. If age unknown, leave age blank and check Unknown.
* If participant/subject needs intermittent support for walking, indicate age of participant when support first needed - Answer should be recorded in years. If subject/participant does not need intermittent support for walking, leave age blank and check Unknown.
* If participant/subject needs permanent support for walking, indicate age of participant when support first needed - Answer should be recorded in years. If subject/participant does not need intermittent support for walking, leave age blank and check Unknown.
* If participant/subject is permanently bound to the wheelchair, indicate age of participant when first permanently bound to wheelchair - Answer should be recorded in years. If subject/participant does not need intermittent support for walking, leave age blank and check Unknown.
* Indicate if the participant/subject uses an assistive device – Choose one. If answer is “No” or “Unknown” stop here and do not complete the rest of the form.
* Indicate if the participant/subject uses a cane – Choose one. If "No" or "Unknown" skip to question 21 "Indicate if the participant uses two canes/ crutches.”
* If yes to cane, indicate age participant/subject began using a cane - Answer should be recorded in years. If age unknown, leave age blank and check Unknown.
* Indicate if the participant/subject uses two canes/ crutches - Choose one. If "No" or "Unknown" skip to question 23 "Indicate if participant uses a walker."
* If yes to canes/ crutches, indicate age participant/subject began using two canes/ crutches - Answer should be recorded in years. If age unknown, leave age blank and check Unknown.
* Indicate if participant/subject uses a walker - Choose one. If "No" or "Unknown" skip to question 25 "Indicate if participant uses canine assistance."
* If yes to walking, indicate age participant/subject began using a walker - Answer should be recorded in years. If age unknown, leave age blank and check Unknown.
* Indicate if participant/subject uses canine assistance - Choose one. If "No" or "Unknown" skip to question 27 "Indicate if the participant uses a wheelchair."
* If yes to canine assistance, indicate age participant/subject began using canine assistance – Answer should be recorded in years. If age unknown, leave age blank and check Unknown.
* Indicate if the participant/subject uses a wheelchair - Choose one. If "No" or "Unknown" skip to question 29 "Indicate if the participant uses any other assistive device."
* If yes to wheelchair, indicate age participant/subjectbegan using wheelchair – Answer should be recorded in years. If age unknown, leave age blank and check Unknown.
* Indicate if the participant/subject uses any other assistive device – Choose one. If "No" or "Unknown" skip to question 31 "Indicate the amount of time the participant uses the primary assistive walking device"
* If yes to other assistive device, indicate age participant/subject began using other assistive device – Answer should be recorded in years. If age unknown, leave age blank and check Unknown.
* Indicate the amount of time the participant/subject uses the primary assistive walking device – Answer should be recorded in hours:minutes format (HH:MM) and should be less than 24 hours. If subject/participant does not use an assistive walking device, leave blank and check Unknown.

\* Element is classified as Core.

\*\* Element is classified as Supplemental – Highly Recommended.