

	<p>(Affix Label Here)</p> <p>Participant ID: _____</p> <p>Participant Name Code: _____</p>	<p>Date Form Filled Out:</p> <table style="margin: auto;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>d</td><td>d</td><td>M</td><td>M</td><td>M</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> <p>(e.g., 10JUN2005)</p> <p>Interviewer Code: <input type="text"/><input type="text"/><input type="text"/></p> <p><u>Circle Field Center Location:</u></p> <p style="text-align: center;"> <input type="checkbox"/> BU <input type="checkbox"/> CU <input type="checkbox"/> DK <input type="checkbox"/> UP </p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d	M	M	M	y	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
d	d	M	M	M	y	y	y	y	y													

Physical Function and Activity

Please Mark the Appropriate Box Below:

<input type="checkbox"/>	1This Form was Administered via a DFR/Proxy
<input type="checkbox"/>	2This Form was Administered In-Person by Study Personnel
<input type="checkbox"/>	3This Form was Administered via Telephone by Study Personnel
<input type="checkbox"/>	4This Form was Mailed and Self-Administered by Participant
<input type="checkbox"/>	5This Form was Administered by Other: _____

P1. In a typical week, how often do you get together with friends, neighbors, your children or other relatives, other than those you live with? *(Please Use Response Form in Appendix B.)*

- 5Daily
- 44 to 6 Times per Week
- 32 to 3 Times per Week
- 2Once per Week
- 1Less than Once per Week

P2. In a typical week, how often do you spend the entire day alone?

- 5Daily
- 44 to 6 Times per Week
- 32 to 3 Times per Week
- 2Once per Week
- 1Less than Once per Week

***P3a.** Do you have any difficulty getting in and out of bed or chairs without help from another person or special equipment?

- | | | | |
|--------------------------|---|-----------------|------------------|
| <input type="checkbox"/> | 1 |Yes | |
| <input type="checkbox"/> | 0 |No | Go to Q4a |
| <input type="checkbox"/> | D |Don't Know | Go to Q4a |
| <input type="checkbox"/> | R |Refused | Go to Q4a |

Participant ID: _____

Participant Name Code: _____

***P3b.** How much difficulty would you say you have? Would you say . . . (*Please Use Response Form in Appendix B.*)

- 1A little difficulty
- 2Some difficulty
- 3A lot of difficulty
- 0I am unable to do it
- DDon't Know

***P3c.** Do you usually receive help from another person getting in and out of bed or chairs?

- 1Yes
- 0No

***P4a.** Do you have any difficulty bathing or showering without help from another person or special equipment?

- 1Yes
- 0No **Go to Q5a**
- DDon't Know **Go to Q5a**
- RRefused **Go to Q5a**

***P4b.** How much difficulty would you say you have? Would you say . . . (*Please Use Response Form in Appendix B.*)

- 1A little difficulty
- 2Some difficulty
- 3A lot of difficulty
- 0I am unable to do it
- DDon't Know

***P4c.** Do you usually receive help from another person bathing or showering?

- 1Yes
- 0No

***P5a.** Do you have any difficulty walking across a small room without help from another person or special equipment?

- 1Yes
- 0No **Go to Q6a**
- DDon't Know **Go to Q6a**
- RRefused **Go to Q6a**

***P5b.** How much difficulty would you say you have? Would you say . . . (*Please Use Response Form in Appendix B.*)

- 1A little difficulty
- 2Some difficulty
- 3A lot of difficulty
- 0I am unable to do it
- DDon't Know

***P5c.** Do you usually receive help from another person walking across a small room?

- 1Yes
- 0No

***P6a.** Because of a health or physical problem, do you have any difficulty walking a quarter of a mile (2-3 blocks)?

- 1Yes
- 0No

Go to Q6d

***P6b.** How much difficulty would you say you have? Would you say . . . (*Please Use Response Form in Appendix B.*)

- 1A little difficulty
- 2Some difficulty
- 3A lot of difficulty
- 0I am unable to do it on my own
- DDon't Know

***P6c.** Do you usually receive help from another person to walk a quarter of a mile (2-3 blocks)?

- 1Yes **Go to Q7a**
- 0No **Go to Q7a**
- DDoesn't Do **Go to Q8a**

***P6d.** How easy is it for you to walk for a quarter of a mile (2-3 blocks)? Would you say . . .

- 1Very easy
- 2Somewhat easy
- 3Not that easy
- DDon't Know

Participant ID: _____

Participant Name Code: _____

*P7a. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks.

- ¹ Yes **Go to Q8a**
⁰ No **Go to Q7b**

*P7b. How easy is it for you to walk one mile (about 8 to 12 blocks)? Would you say . . .

- ¹ Very easy
² Somewhat easy
³ Not that easy
^D Don't Know

*P8a. Because of a health or physical problem, do you have any difficulty walking up one flight of stairs (about 10 steps) without resting?

- ¹ Yes **Go to Q8d**
⁰ No

*P8b. If yes, how much difficulty would you say you have? Would you say . . . *(Please Use Response Form in Appendix B.)*

- ¹ A little difficulty
² Some difficulty
³ A lot of difficulty
⁰ I am unable to do it on my own
^D Don't Know

*P8c. Do you usually receive help from another person to walk up one flight of stairs (about 10 steps)?

- ¹ Yes **Go to Q9a**
⁰ No **Go to Q9a**
^D Doesn't Do **Go to Q10a**

*P8d. How easy is it for you to walk up one flight of stairs (about 10 steps)? Would you say . . . *(Please Use Response Form in Appendix B.)*

- ¹ Very easy
² Somewhat easy
³ Not that easy
^D Don't Know

Participant ID: _____

Participant Name Code: _____

*P9a. Because of a health or physical problem, do you have any difficulty walking up two flights of stairs (about 20 steps) without resting?

- 1Yes
- 0No

Go to Q10a

Go to Q9d

*P9d. How easy is it for you to walk up two flights of stairs (about 20 steps)? Would you say . . . (*Please Use Response Form in Appendix B.*)

- 1Very easy
- 2Somewhat easy
- 3Not that easy
- DDon't Know

P10a. Do you have glasses or contact lenses?

- 1Yes
- 0No

P10b. How would you rate your current eyesight (with glasses or contacts, if you wear them)?

- 5Excellent
- 4Good
- 3Fair
- 2Poor
- 1Very Poor
- 0Unable to See/Blind

P11a. Do you wear a hearing aid?

- 1Yes
- 0No

P11b. How would you rate your current hearing ability (with a hearing aid, if used)?

- 5Excellent
- 4Good
- 3Fair
- 2Poor
- 1Very Poor
- 0Unable to Hear/Deaf

Participant ID: _____

Participant Name Code: _____

For the Interviewer: These questions (10a, 10b and 10c) are intended to evaluate what the respondent **ACTUALLY DOES** and not what he/she is able to do.

P12a. In the past two weeks, did you do any walking (outside of your home)?

- ¹Yes
- ⁰No **Go to Q12c**

P12b. On how many days did you go walking in the past two weeks?

- ⁵Everyday **Go to Q13a**
- ⁴10 to 13 days **Go to Q13a**
- ³6 to 9 days **Go to Q13a**
- ²2 to 5 days **Go to Q13a**
- ¹Only one day **Go to Q13a**

12c. What is the main reason you did not do any walking in the past 2 weeks?

- ¹Illness or Injury
- ²Social-environmental Factors
- ³Other (Please Specify) _____

Interviewer: Now I'm going to ask you about your physical activity and exercise habits when you were around 50 years old . . . [if current age is < 50 years old, substitute [his/her] current age for "age 50"].

P13a. In a typical week, did you do any regular walking – for exercise, to get to work, while at work, to walk the dog – for at least one hour per week?

- ¹Yes
- ⁰No **Go to Q14a**
- ^DDon't Know **Go to Q14a**
- ^RRefused **Go to Q14a**

P13b. Did you do regular walking for at least three hours per week?

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

Participant ID: _____

Participant Name Code: _____

P14a. In a typical week, did you participate in any vigorous exercise or sports, such as bicycling, swimming, jogging, or racquet sports, for at least one hour per week?

¹Yes

⁰No

^DDon't Know

Interview Completed

Interview Completed

P14b. Did you participate in any vigorous exercise or sports for at least three hours per week?

¹Yes

⁰No

^DDon't Know