



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

□ □ □ □ □ □ □ □ □ □

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

Physical Function and Activity (Visit 2)

Section A. Please Mark the Appropriate Box Below:

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

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

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)

- | | |
|---|---|
| <input type="checkbox"/> 1Physical Illness/Serious incapacitating illness | <input type="checkbox"/> 1Dementia/Cognitive impairment |
| <input type="checkbox"/> 1Hearing impairment | <input type="checkbox"/> 1Too Busy/Unavailable |
| <input type="checkbox"/> 1Nursing home or long-term care | <input type="checkbox"/> 1Unable to be reached or located |
| <input type="checkbox"/> 1Visual impairment | <input type="checkbox"/> 1Fatigue/Too overwhelmed |
| <input type="checkbox"/> 1Self-doubt/Fearfulness about own limitations | <input type="checkbox"/> 1Uninterested/Unmotivated |
| <input type="checkbox"/> 1Other: _____ | |

Q1. In a typical week, how often do you get together with friends, neighbors, your children or other relatives, other than those you live with?

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

Q2. 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

***Q3a.** Do you have any difficulty getting in and out of bed or chairs without help from another person or special equipment?

- 1Yes
- 0No **Go to Q4a**
- DDon't Know **Go to Q4a**
- RRefused **Go to Q4a**

***Q3b.** How much difficulty would you say you have? Would you say . . .

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

***Q3c.** Do you usually receive help from another person getting in and out of bed or chairs?

- 1Yes
- 0No

***Q4a.** 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**

***Q4b.** How much difficulty would you say you have? Would you say ...

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

***Q4c.** Do you usually receive help from another person bathing or showering?

- ¹Yes
- ⁰No

***Q5a.** 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**

Q5b. How much difficulty would you say you have? Would you say ...

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

*Q5c. Do you usually receive help from another person walking across a small room?

- ¹Yes
- ⁰No

*Q6a. 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**

*Q6b. How much difficulty would you say you have? Would you say . . .

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

*Q6c. 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**

*Q6d. 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

*Q7a. Because of a health or physical problem, do you have any difficulty walking a distance of one mile (about 8-12 blocks)?

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

*Q7b. How easy is it for you to walk one mile (about 8 to 12 blocks)? Would you say . . .

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

*Q8a. Because of a health or physical problem, do you have any difficulty walking up one flight of stairs (about 10 steps) without resting?

- 1Yes
- 0No **Go to Q8d**

*Q8b. If yes, how much difficulty would you say you have? Would you say . . .

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

*Q8c. Do you usually receive help from another person to walk up one flight of stairs (about 10 steps)?

- 1Yes **Go to Q9a**
- 0No **Go to Q9a**
- DDoesn't Do **Go to Q10a**

*Q8d. How easy is it for you to walk up one flight of stairs (about 10 steps)? Would you say . . .

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

***Q9a.** Because of a health or physical problem, do you have any difficulty walking up two flight of stairs (about 20 steps) without resting?

- 1Yes **Go to Q10a**
 0No **Go to Q9b**

***Q9b.** How easy is it for you to walk up two flights of stairs (about 20 steps)? Would you say . . .

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

Q10a. Do you have glasses or contact lenses?

- 1Yes
 0No

Q10b. 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

Q11a. Do you wear a hearing aid?

- 1Yes
 0No

Q11b. How would you rate your current hearing ability (with a hearing aid, if used)?

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

Note: Questions 12a, 12b and 12c are intended to evaluate what you **ACTUALLY DO** and not what you are able to do.

Q12a. In the past two weeks, did you do any walking (outside of your home)?

- 1Yes
- 0No

Go to Q12c

Q12b. 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**

Q12c. 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) _____

These next questions ask you about your physical activity and exercise habits when you were around 50 years old . . . [if current age is < 50 years old, substitute your current age for "age 50"].

Q13a. 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 **Go to Q14a**
- 0No **Go to Q14a**
- DDon't Know **Go to Q14a**
- RRefused **Go to Q14a**

Q13b. Did you do regular walking for at least three hours per week?

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

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Q14a. 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

Go to Q15

Go to Q15

Q14b. Did you participate in any vigorous exercise or sports for at least three hours per week?

¹Yes

⁰No

^DDon't Know

Rest and Activity for a Typical Day over the past year

(A typical day = most days of the week)
(Activities must equal 24 hours)

Number
of hours

Q15. Sleep – Number of hours that you typically sleep? _____

Q16. Sedentary – Number of hours typically sitting? Such as reading, watching TV,
Using the computer, doing handcrafts _____

Q17. Slight Activity – Number of hours with activities such as standing, walking? _____

Q18. Moderate Activity – Number of hours with activities such as housework (vacuum,
dust, yard chores, climbing stairs; light sports such as bowling, golf)? _____

Q19. Heavy Activity – Number of hours with activities such as heavy household work,
heavy yard work such as stacking or chopping wood, exercise such as intensive
sports—jogging, swimming, etc.? _____

TOTAL number of hours **24**
(should be the total of above items)

Q20. Ordinarily, do you use any of the following aids?	Yes ⁽¹⁾	No ⁽⁰⁾
a. Magnifying glass		
b. Cane		
c. Crutches		
d. Walking frame		
e. Walker with wheels (rollator)		
f. Wheel chair		
g. Bath chair		
h. Elevated toilet seat		
i. Railing/bannister		
j. Handle/handgrip		
k. Balcony frame/beam		
l. Special eating utensils		
m. Adult brief		
n. Catheter		
o. Ostomy bag		

Pittsburgh Fatigability Scale

The following questions ask you to indicate the level of **physical** and **mental** fatigue (i.e. tiredness, exhaustion) you expect or imagine you would feel immediately after completing each of the ten listed activities.

For each activity (21-30) please mark the responses for both physical and mental fatigue between 0 and 5, where “0” equals no fatigue at all and “5” equals extreme fatigue.

In the last column indicate if you have done the activity in the past month. If you answer “No”, please make your best guess for the fatigue questions (See Example Activity 2 below). **Please fill out all three columns for every activity even for those that you do not do.** Also pay careful attention to the duration (e.g., 30 minutes) and intensity (e.g., moderate, brisk) of each activity.

<i>Examples:</i>	Physical Fatigue	Mental Fatigue	Have you done this activity in the past month?	
	0 ← → 5 No fatigue Extreme Fatigue	0 ← → 5 No fatigue Extreme Fatigue	Yes	No
EXAMPLE ACTIVITY 1:	0 1 2 3 4 5	0 1 2 3 4 5 <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	<input type="radio"/>
EXAMPLE ACTIVITY 2:	0 1 2 3 4 5	0 1 2 3 4 5 <input checked="" type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/>

	COLUMN 1	COLUMN 2	COLUMN 3
<i>Please complete all:</i>	Physical Fatigue	Mental Fatigue	Have you done this activity in the past month?
	0 ← → 5 No fatigue Extreme Fatigue	0 ← → 5 No fatigue Extreme Fatigue	Yes No
21 Leisurely walk for 30 minutes:	0 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	0 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	¹ Yes ⁰ No <input type="radio"/> <input type="radio"/>
22 Brisk or fast walk for 1 hour:	0 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	0 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	¹ Yes ⁰ No <input type="radio"/> <input type="radio"/>
23 Light household activity for 1 hour (cleaning, cooking, dusting, straightening up, baking, making beds, dishwashing, watering plants):	0 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	0 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	¹ Yes ⁰ No <input type="radio"/> <input type="radio"/>

COLUMN 1

COLUMN 2

COLUMN 3

	Physical Fatigue 0 ← → 5 No fatigue Extreme Fatigue	Mental Fatigue 0 ← → 5 No fatigue Extreme Fatigue	Have you done this activity in the past month?
24 Heavy gardening or yard work for 1 hour (mowing (push), raking, weeding, planting, shoveling snow):	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	¹ Yes ⁰ No ○ ○
25 Watching TV for 2 hours:	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	¹ Yes ⁰ No ○ ○
26 Sitting quietly for 1 hour:	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	¹ Yes ⁰ No ○ ○
27 Moderate- to high-intensity strength training for 30 minutes (hand-held weights or machines greater than 5 lbs., push-ups):	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	¹ Yes ⁰ No ○ ○
28 Participating in a social activity for 1 hour (party, dinner, senior center, gathering with family/ friends, playing cards, bridge):	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	¹ Yes ⁰ No ○ ○
29 Hosting a social event for 1 hour (not including preparation time):	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	¹ Yes ⁰ No ○ ○
30 High intensity activity for 30 minutes (jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba):	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 ○ ○ ○ ○ ○ ○	¹ Yes ⁰ No ○ ○

PLEASE MAKE SURE YOU COMPLETED EVERY QUESTION IN EVERY COLUMN, EVEN IF YOU SAID "NO" TO DOING AN ACTIVITY.