LONG LIFE FAMILY STUDY

(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: [1]Visit 1 [3]Visit 2 [4]Visit 2 (New Participant)

Form Version Date: _**12/03/2015**__

Physical Function and Activity
(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)

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

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?

☐ 5 .....Daily
☐ 4 .....4 to 6 Times per Week
☐ 3 .....2 to 3 Times per Week
☐ 2 .....Once per Week
☐ 1 .....Less than Once per Week

Q2. In a typical week, how often do you spend the entire day alone?

☐ 5 .....Daily
☐ 4 .....4 to 6 Times per Week
☐ 3 .....2 to 3 Times per Week
☐ 2 .....Once per Week
☐ 1 .....Less 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?

☐ 1 .....Yes
☐ 0 .....No **Go to Q4a**
☐ D .....Don't Know **Go to Q4a**
☐ R .....Refused **Go to Q4a**

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

☐ 1 .....A little difficulty
☐ 2 .....Some difficulty
☐ 3 .....A lot of difficulty
☐ 0 .....I am unable to do it
☐ D .....Don't Know

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

☐ 1 .....Yes
☐ 0 .....No

***Q4a.** Do you have any difficulty bathing or showering without help from another person or special equipment?

☐ 1	.....Yes	
☐ 0	.....No	**Go to Q5a**
☐ D	.....Don't Know	**Go to Q5a**
☐ R	.....Refused	**Go to Q5a**

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

☐ 1	.....A little difficulty
☐ 2	.....Some difficulty
☐ 3	.....A lot of difficulty
☐ 0	.....I am unable to do it
☐ D	.....Don't Know

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

☐ 1	.....Yes
☐ 0	.....No

***Q5a.** Do you have any difficulty walking across a small room without help from another person or special equipment?

☐ 1	.....Yes	
☐ 0	.....No	**Go to Q6a**
☐ D	.....Don't Know	**Go to Q6a**
☐ R	.....Refused	**Go to Q6a**

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

☐ 1	.....A little difficulty
☐ 2	.....Some difficulty
☐ 3	.....A lot of difficulty
☐ 0	.....I am unable to do it
☐ D	.....Don't Know

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

☐ 1	.....Yes
☐ 0	.....No

***Q6a.** Because of a health or physical problem, do you have any difficulty walking a quarter of a mile (2-3 blocks)?

☐[1] .....Yes
☐[0] .....No **Go to Q6d**

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

☐[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

***Q6c.** Do you usually receive help from another person to walk a quarter of a mile (2-3 blocks)?

☐[1] .....Yes **Go to Q7a**
☐[0] .....No **Go to Q7a**
☐[D] .....Doesn'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 . . .

☐[1] .....Very easy
☐[2] .....Somewhat easy
☐[3] .....Not that easy
☐[D] .....Don'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)?

☐[1] .....Yes **Go to Q8a**
☐[0] .....No **Go to Q7b**

***Q7b.** 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

***Q8a.** 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
☐ 0 .....No **Go to Q8d**

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

☐ 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

***Q8c.** 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**

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

☐ 1 .....Very easy
☐ 2 .....Somewhat easy
☐ 3 .....Not that easy
☐ D .....Don'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?

☐ 1 .....Yes **Go to Q10a**
☐ 0 .....No **Go to Q9b**

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

☐ 1 .....Very easy
☐ 2 .....Somewhat easy
☐ 3 .....Not that easy
☐ D .....Don't Know

Q10a. Do you have glasses or contact lenses?

☐ 1 .....Yes
☐ 0 .....No

Q10b. How would you rate your current eyesight (with glasses or contacts, if you wear them)?

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

Q11a. Do you wear a hearing aid?

☐ 1 .....Yes
☐ 0 .....No

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

☐ 5 .....Excellent
☐ 4 .....Good
☐ 3 .....Fair
☐ 2 .....Poor
☐ 1 .....Very Poor
☐ 0 .....Unable 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)?

☐ 1 .....Yes
☐ 0 .....No **Go to Q12c**

Q12b. On how many days did you go walking in the past two weeks?

☐ 5 .....Everyday **Go to Q15**
☐ 4 .....10 to 13 days **Go to Q15**
☐ 3 .....6 to 9 days **Go to Q15**
☐ 2 .....2 to 5 days **Go to Q15**
☐ 1 .....Only one day **Go to Q15**

Q12c. What is the main reason you did not do any walking in the past 2 weeks?

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

Rest and Activity for a Typical Day over the past year

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

Examples:	**Physical Fatigue** 0 (No fatigue) ⟷ 5 (Extreme Fatigue)	**Mental Fatigue** 0 (No fatigue) ⟷ 5 (Extreme Fatigue)	**Have you done this activity <u>in the past month</u>?**
EXAMPLE ACTIVITY 1:	0 1 2 3 4 5	0 1 2 3 4 5 (● at 4)	Yes ○ No ○ (● at No)
EXAMPLE ACTIVITY 2:	0 1 2 3 4 5	0 1 2 3 4 5	Yes ○ No ○ (● at Yes)

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

Participant ID: _____ **Participant Name Code:** _____

		COLUMN 1 Physical Fatigue 0 (No fatigue) ⟷ 5 (Extreme Fatigue)	COLUMN 2 Mental Fatigue 0 (No fatigue) ⟷ 5 (Extreme Fatigue)	COLUMN 3 Have you done this activity <u>in the past month</u>?
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.