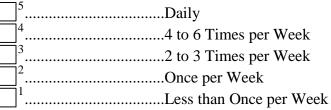
LONG LIFE FAMILY STUDY	(Affix Label Here) Participant ID: Participant Name Code:	d d M M y y y y (e.g., 10JUN2005)
Circle Visit:	<sup>1</sup> Visit 1 <sup>3</sup> Visit 2	<sup>4</sup> Visit 2 (New Participant)
Form Version Date:	_12/03/2015	
	Physical Function (Visit	•
$ \begin{array}{c}             1 \\             2^2 \\             3 \\             4 \\           $	This Form was Administered I	via Telephone by Study Personnel elf-Administered by Participant
B1. US sites:		orm as the proxy? (Enter the corresponding number such as Go to B3
<b>B3.</b> Please provide the (Please X All that		this form on behalf of or instead of the Study Participant
$\square^{1}$ Hear $\square^{1}$ Nurs $\square^{1}$ Visu $\square^{1}$ Self-	ring impairment sing home or long-term care al impairment doubt/Fearfulness about own limit er:	itations

**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?



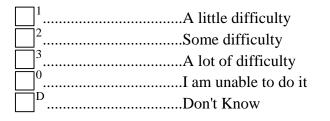
Q2. In a typical week, how often do you spend the entire day alone?

5	Daily
<u>4</u>	
3	2 to 3 Times per Week
2	Once per Week
<u>1</u>	Less than Once per Week

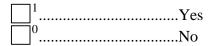
**\*Q3a.** Do you have any difficulty getting in and out of bed or chairs without help from another person or special equipment?

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

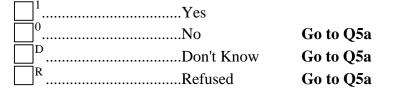
\*Q3b. How much difficulty would you say you have? Would you say . . .



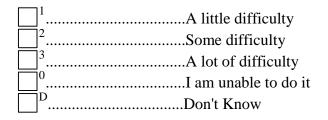
\*Q3c. Do you usually receive help from another person getting in and out of bed or chairs?



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



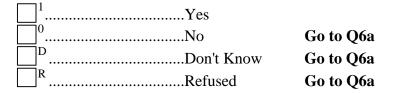
\*Q4b. How much difficulty would you say you have? Would you say ...



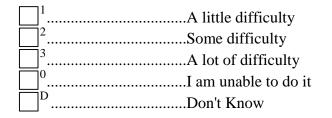
\*Q4c. Do you usually receive help from another person bathing or showering?



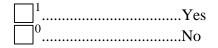
**\*Q5a.** Do you have any difficulty walking across a small room without help from another person or special equipment?



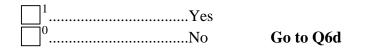
Q5b. How much difficulty would you say you have? Would you say  $\ldots$ 



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



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



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

 1
 .....A little difficulty

 2
 .....Some difficulty

 3
 .....A lot of difficulty

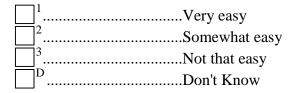
 0
 .....I am unable to do it on my own

 D
 .....Don't Know

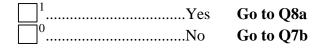
\*Q6c. Do you usually receive help from another person to walk a quarter of a mile (2-3 blocks)?

$\square^1$	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 . . .

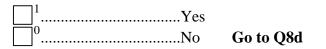


\*Q7a. Because of a health or physical problem, do you have any difficulty walking a distance of one mile (about 8-12 blocks)?

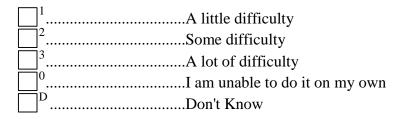


\*Q7b. How easy is it for you to walk one mile (about 8 to 12 blocks)? Would you say ...

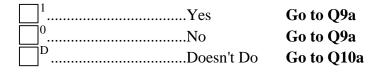
<sup>1</sup>.....Very easy <sup>2</sup>....Somewhat easy <sup>3</sup>....Not that easy <sup>D</sup>....Don't Know \*Q8a. Because of a health or physical problem, do you have any difficulty walking up one flight of stairs (about 10 steps) without resting?



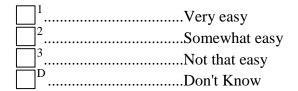
\*Q8b. If yes, how much difficulty would you say you have? Would you say ...



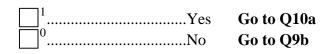
\*Q8c. Do you usually receive help from another person to walk up one flight of stairs (about 10 steps)?



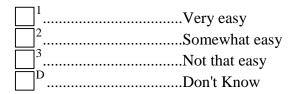
\*Q8d. How easy is it for you to walk up one flight of stairs (about 10 steps)? Would you say . . .



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



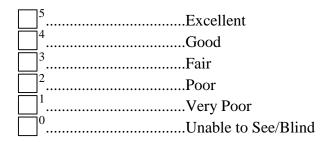
\*Q9b. How easy is it for you to walk up two flights of stairs (about 20 steps)? Would you say ...



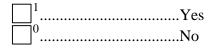
Q10a. Do you have glasses or contact lenses?



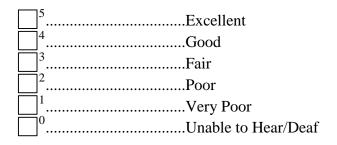
Q10b. How would you rate your current eyesight (with glasses or contacts, if you wear them)?



**Q11a.** Do you wear a hearing aid?



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



<u>Note:</u> 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)?

	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
	6 to 9 days	Go to Q15
		Go to Q15
<u>1</u>	Only one day	Go to Q15

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

<u>1</u>	Illness or Injury	
	Social-environmental Factors	
	Other (Please Specify)	

Rest and Activ	ity for a Typical Day over the p	oast year
(A typi	cal day = most days of the week)	Number
	(Activities must equal 24 hours)	of hours
<b>Q15.</b> Sleep – Number of hours that	at you typically sleep?	
<b>Q16.</b> Sedentary – Number of how Using the computer, doing h	ars typically sitting? Such as reading, vandcrafts	watching TV,
Q17. Slight Activity – Number of	f hours with activities such as standing	, walking?
e ,	er of hours with activities such as hous tairs; light sports such as bowling, golf	
	of hours with activites such as heavy ho cking or chopping wood, exercise such , etc.?	,
<b>TOTAL number of hours</b> (should be the total of above	ve items)	24

Q20. Ord	inarily, do you use any of the following aids?	Yes <sup>(1)</sup>	No <sup>(0)</sup>
a.	Magnifying glass		
b.	Cane		
с.	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		
0.	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:	Physica O No fatigue			ical Fatigue →5 Extreme Fatigue							Extr	<b>→5</b> eme iigue	nast month?	
EXAMPLE ACTIVITY 1:	0	1	2	3	4	5	0	1	2	<b>3</b> O	4	5	Yes	<b>No</b>
EXAMPLE ACTIVITY 2:	0	1	2	3	4	5	0	1	2	<b>3</b> 〇	<b>4</b> C	<b>5</b>	Yes ○ ●	<b>No</b> O O

	COLUMN 1							CO	LUI	MN	2		COLUMN 3			
Please complete all:	<b>0</b> ← No	No				e 5 eme igue	O← No fatig	tal F	atio	g <b>ue</b> Extre Fati		hast month?				
21 Leisurely walk for 30 minutes:	<b>0</b> O	1 0	2 0	3 O	<b>4</b> O	5 0	<b>0</b> O	1 0	2 0	3 O	<b>4</b> O	5 0	¹Yes ○	⁰ <b>No</b> ○		
22 Brisk or fast walk for 1 hour:	<b>0</b> O	1 0	2 0	3 O	<b>4</b> O	5 0	<b>0</b> O	1 0	2 0	3 O	<b>4</b> O	5 0	¹Yes ○	⁰ <b>No</b> ○		
23 Light household activity for 1 hour (cleaning, cooking, dusting, straightening up, baking, making beds, dishwashing, watering plants):	<b>0</b> O	1 0	2 0	<b>3</b> O	4 0	<b>5</b> O	<b>0</b> O	1 0	2 O	<b>3</b> O	4 0	5 O	¹Yes ⊖	⁰ <b>No</b> ○		

Copyright 2014, University of Pittsburgh. All Rights Reserved.

## COLUMN 1 COLUMN 2 COLUMN 3

	Physical Fatigue 0←→5 No Extreme fatigue Fatigue f							<b>Ven</b>	tal F	atio	<b>jue</b> Extre Fati	Have you done this activity <u>in the</u> <u>past month</u> ?		
Heavy gardening or yard work for 1 hour (mowing (push), raking, weeding, planting, shoveling snow):	<b>0</b> O	<b>1</b> O	2 O	3 O	4 0	5 O	<b>0</b> O	<b>1</b> O	2 0	3 0	4 0	5 0	¹Yes ☉	⁰ <b>No</b> ○
<b>25</b> Watching TV for 2 hours:	<b>0</b> O	1 0	2 O	3 O	<b>4</b> O	5 0	<b>0</b> O	1 0	2 〇	3 O	<b>4</b> O	5 0	¹Yes ○	⁰ <b>No</b> ○
<sup>(26)</sup> Sitting quietly for 1 hour:	<b>0</b> O	<b>1</b> 0	2 O	3 O	4 0	5 0	<b>0</b> O	<b>1</b> O	2 O	3 O	4 0	5 0	<sup>1</sup> Yes O	⁰ <b>No</b> ○
27 Moderate- to high-intensity strength training for 30 minutes (hand-held weights or machines greater than 5 lbs., push-ups):	<b>0</b> 0	<b>1</b> O	<b>2</b> O	3 0	<b>4</b> O	<b>5</b> 0	<b>0</b> 0	<b>1</b> O	2 O	<b>3</b> O	<b>4</b> O	5 0	<sup>1</sup> Yes O	⁰ <b>No</b> ○
Participating in a social activity for 1 hour (party, dinner, senior center, gathering with family/ friends, playing cards, bridge):	<b>0</b> O	<b>1</b> O	2 0	3 0	<b>4</b> O	<b>5</b> 0	<b>0</b> O	<b>1</b> O	2 O	3 0	<b>4</b> O	<b>5</b> 0	<sup>1</sup> Yes O	⁰ <b>No</b> ○
29 Hosting a social event for 1 hour (not including preparation time):	<b>0</b> O	<b>1</b> O	<b>2</b> O	3 0	<b>4</b> O	<b>5</b> 0	<b>0</b> O	<b>1</b> O	<b>2</b> O	3 0	<b>4</b> O	<b>5</b> O	¹Yes ⊖	⁰ <b>No</b> ○
<ul> <li>High intensity activity for 30 minutes (jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba):</li> </ul>	00	<b>1</b> O	<b>2</b> O	<b>3</b> O	<b>4</b> O	<b>5</b> 0	<b>0</b>	<b>1</b> O	2 0	<b>3</b> O	<b>4</b> 0	5 0	<sup>1</sup> Yes O	⁰ <b>No</b> ○

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

Copyright 2014, University of Pittsburgh. All Rights Reserved.