



Late Life FDI: Disability component



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INSTRUCTIONS FOR DISABILITY QUESTIONS:

In this set of questions, I will ask you about everyday things you do at this time in your life. There are two parts to each question.

First, I will ask you *How often* you do a certain activity.

Next, I will ask you *To what extent do you feel limited* in doing this activity.

Explain each question and subsequent answer options:

For the first question (*How often do you do the activity?*), please choose from these answers:

Very often

Often

Once in a while

Almost never

Never

[Show visual aid to interviewee]

For the second question (*To what extent do you feel limited in doing the activity?*), please choose from these answers:

Not at all

A little

Somewhat

A lot

Completely

[Show the visual aid to interviewee]

For example, you might feel limited because of your health, or because it takes a lot of mental and physical energy. Please keep in mind that you can also feel limited by factors outside of yourself. Your environment could restrict you from doing the things; for instance, transportation issues, accessibility, and social or economic circumstances could limit you from doing things you would like to do. Think of all these factors when you answer this section.

For each question, please select the one answer that comes closest to the way you have been feeling.

Let's begin...

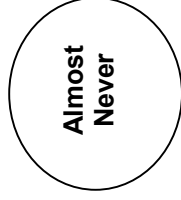
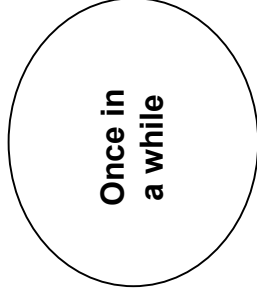
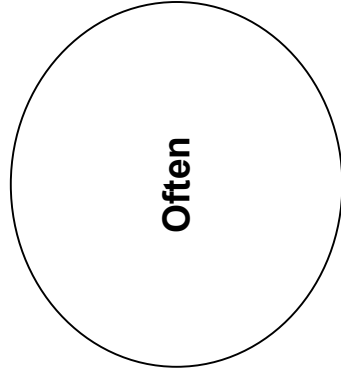
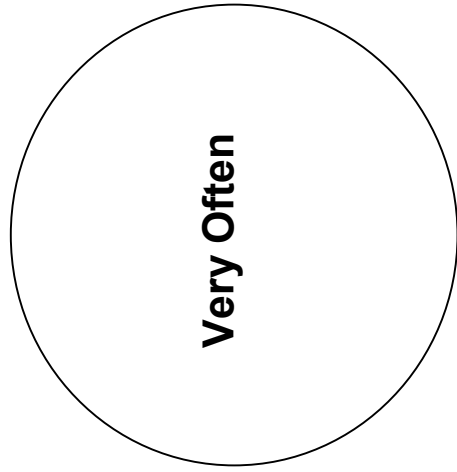
Disability Questions

	How often do you...?					To what extent do you feel limited in ...?				
	Very Often	Often	Once in a while	Almost never	Never	Not at all	A little	Somewhat	A lot	Completely
D1. Keep (Keeping) in touch with others through letters, phone, or email.	5	4	3	2	1	5	4	3	2	1
D2. Visit (Visiting) friends and family in their homes.	5	4	3	2	1	5	4	3	2	1
D3. Provide (Providing) care or assistance to others. This may include providing personal care, transportation, and running errands for family members or friends.	5	4	3	2	1	5	4	3	2	1
D4. Take (Taking) care of the inside of your home. This includes managing and taking responsibility for homemaking, laundry, housecleaning and minor household repairs.	5	4	3	2	1	5	4	3	2	1
D5. Work (Working) at a volunteer job outside your home.	5	4	3	2	1	5	4	3	2	1
D6. Take (Taking) part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.	5	4	3	2	1	5	4	3	2	1
D7. Take (Taking) care of household business and finances. This may include managing and taking responsibility for your money, paying bills, dealing with a landlord or tenants, dealing with utility companies or governmental agencies.	5	4	3	2	1	5	4	3	2	1
D8. Take (Taking) care of your own health. This may include managing daily medications, following a special diet, scheduling doctor's appointments.	5	4	3	2	1	5	4	3	2	1

Disability Questions, continued

	How often do you...?					To what extent do you feel limited in ...?				
	Very Often	Often	Once in a While	Almost never	Never	Not at all	A little	Somewhat	A lot	Completely
D9. Travel (Traveling) out of town for at least an overnight stay.	5	4	3	2	1	5	4	3	2	1
D10. Take (Taking) part in a regular fitness program. This may include walking for exercise, stationary biking, weight lifting, or exercise classes.	5	4	3	2	1	5	4	3	2	1
D11. Invite (Inviting) people into your home for a meal or entertainment.	5	4	3	2	1	5	4	3	2	1
D12. Go (Going) out with others to public places such as restaurants or movies.	5	4	3	2	1	5	4	3	2	1
D13. Take (Taking) care of your own personal care needs. This includes bathing, dressing, and toileting.	5	4	3	2	1	5	4	3	2	1
D14. Take (Taking) part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups.	5	4	3	2	1	5	4	3	2	1
D15. Take (Taking) care of local errands. This may include managing and taking responsibility for shopping for food and personal items, and going to the bank, library, or dry cleaner.	5	4	3	2	1	5	4	3	2	1
D16. Prepare (Preparing) meals for yourself. This includes planning, cooking, serving, and cleaning up.	5	4	3	2	1	5	4	3	2	1

How often do you....?



Frequently

A lot of the time

A major part of your life

Regularly

A regular part of
your life

Infrequently

From time to time

Occasionally

Very infrequently

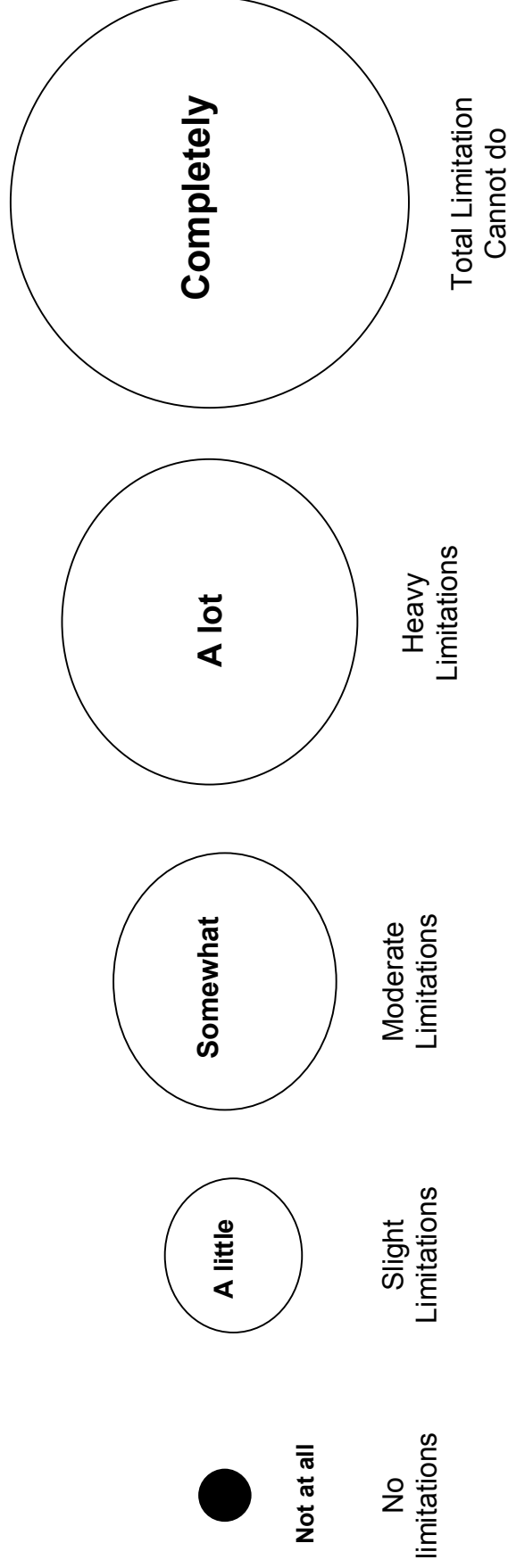
Rarely

Almost
Never

never

DISABILITY VISUAL AID #2

To what extent do you feel limited in ... ?



Examples of limiting factors that may restrict you:

- Mental or Physical Energy
- Too much effort
- Social and economic circumstances
- Transportation problems
- Accessibility issues
- Health