ARIC

Atherosclerosis Risk in Communities

O.M.B. 0925-0281
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PHYSICAL ABILITY QUESTIONNAIRE

ID NUMBER: | | | | | | | | CONTACT YEAR: | | | FORM CODE: P A Q VERSION: A 02/01/96

LAST NAME: | | | | | | | | | | | | | INITIALS: | |

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: **PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281).** Do not return the completed form to this address.

INSTRUCTIONS:

This questionnaire asks for information on your physical abilities. Below is a list of activities with which some people have difficulty because of a health or physical reason. Please mark an 'X' in the correct box to indicate whether you have no difficulty, some difficulty, much difficulty, or are unable to do these activities at all when you are **by yourself and without the use of aids.** DO NOT INCLUDE TEMPORARY CONDITIONS LIKE BROKEN LIMBS. Mark only one response for each question or statement. If you make a mistake, black out that box and place an 'X' in the correct box.

	No Difficulty	Some Difficulty	Much Difficulty	Unable To Do	Don't Know or Do Not Do
1. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	☐	☐	☐	☐	☐
2. Walking up 10 steps without resting?	☐	☐	☐	☐	☐
3. Stooping, crouching, or kneeling?	☐	☐	☐	☐	☐
4. Lifting or carrying something as heavy as 10 pounds?	☐	☐	☐	☐	☐

	No Difficulty	Some Difficulty	Much Difficulty	Unable To Do	Don't Know or Do Not D
5. Doing chores around the house (like vacuuming, sweeping, dusting, or straightening up)?	☐	☐	☐	☐	☐
6. Preparing your own meals?	☐	☐	☐	☐	☐
7. Managing your money (such as keeping track of your expenses or paying bills)?	☐	☐	☐	☐	☐
8. Walking from one room to another on the same level?	☐	☐	☐	☐	☐
9. Standing up from an armless straight chair?	☐	☐	☐	☐	☐
10. Getting in or out of bed?	☐	☐	☐	☐	☐
11. Eating, including holding a fork, cutting food, or drinking from a glass?	☐	☐	☐	☐	☐
12. Dressing yourself, including tying shoes, working zippers, and doing buttons?	☐	☐	☐	☐	☐

13. Because of any impairment or health problem, do you need the help of other persons for personal care needs such as eating, bathing, dressing or getting around your home?	☐ Yes ☐ No
14. Because of any impairment or health problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	☐ Yes ☐ No
15. Do you usually use any device to help you get around such as a cane, wheelchair, crutches or walker?	☐ Yes ☐ No
16. Do you usually use any special eating utensils?	☐ Yes ☐ No
17. Do you usually use any aids or devices to help you dress (such as button hooks, zipper pulls, long-handled shoe horn, etc.)?	☐ Yes ☐ No ☐ Don't Know

This completes the Physical Ability Questionnaire. Thank you.

FOR ADMINISTRATIVE USE ONLY.

18. Date ☐☐/☐☐/☐☐ 19. Administration (A,B,C,D) ☐ 20. Code ☐☐☐