

## ENRGISE PILOT STUDY: FOLLOW-UP DISABILITY STATUS

Visit Date Completed   /   /

Staff ID

Rev: \_\_\_\_\_

DE: \_\_\_\_\_

Date: \_\_\_\_\_

1. How was this information collected?

- In person with Participant                       Via Phone with Proxy  
 Via Phone with Participant                       Other \_\_\_\_\_

2. During the past month, how much difficulty have you [the participant] had walking across a small room because of your health?

- A little difficulty     Did not do for reasons other than health  
 Some difficulty     No difficulty  
 A lot of difficulty     Don't Know/Refused  
 Unable to walk across a small room

3. Do you [the participant] usually receive help from another person when you walk across a small room?

- Yes  
 No  
 Don't Know/Refused

4. When you [the participant] walk **outside** your [his/her] home, do you require an assistive device to help you get around?

- Yes →  
 No  
 Don't Know/Refused

4a. What kind of device do you [the participant] use? *(select ONE most used, if more than one indicated)*

- Cane  
 Walker  
 Crutches  
 Electric Scooter  
 Other → \_\_\_\_\_

5. When you [the participant] walk **inside** your [his/her] home, do you require an assistive device to help you get around?

- Yes →  
 No  
 Don't Know/Refused

5a. What kind of device do you [the participant] use? *(select ONE most used, if more than one indicated)*

- Cane  
 Walker  
 Crutches  
 Electric Scooter  
 Other → \_\_\_\_\_