

Dataset name: disq_v3.3

Participant ID pid Acrostic acrostic
Interviewer compby V.C. vc
Date of Visit vis_dat (mm/dd/yyyy)

Disability Questionnaire

CRF 3.3

(For use during follow up visits only) I would like to remind you again, that for scientific reasons, please don't tell me to which of the two LIFE groups you were assigned.

1. How was the interview completed? intvcomp_disq
- 9

1 In person

2 By telephone

3 Self administered

-6 Permanently Missing
-

"We need to know about how much you can take care of yourself and do things by yourself. These questions will ask you things that most people do or have done in the past." (show response card "DQ 1")

During the past month, how much difficulty have you had ...
(Interviewer Note: Repeat the stem question periodically as needed.)

2. Walking for a quarter of a mile, which is about 3 or 4 blocks because of your health? walkqudf_disq
- 9

1 No difficulty

2 A little difficulty

3 Some difficulty

4 A lot of difficulty

5 Unable to do the activity

6 Did not do for other reasons

-7 D/K / Refused

-6 Permanently Missing
-

3. Walking across a small room because of your health? walkrm_disq
- 9

1 No difficulty

2 A little difficulty

3 Some difficulty

4 A lot of difficulty

5 Unable to do the activity

6 Did not do for other reasons

-7 D/K / Refused

-6 Permanently Missing
-

- a. Do you usually receive help from another person when you walk across a small room? walkrmhp_disq
- 9

1 Yes

0 No

-7 D/K / Refused

-6 Permanently Missing
-

4. Do you have to use a cane, walker, crutches or special equipment to help you get around?

canewlkr_disq

-9
1 Yes
0 No
-7 D/K / Refused
-6 Permanently Missing

5. Doing light housework because of your health?

lthswrk_disq

-9
1 No difficulty
2 A little difficulty
3 Some difficulty
4 A lot of difficulty
5 Unable to do the activity
6 Did not do for other reasons
-7 D/K / Refused
-6 Permanently Missing

6. Walking several blocks because of your health?

wlkblks_disq

-9
1 No difficulty
2 A little difficulty
3 Some difficulty
4 A lot of difficulty
5 Unable to do the activity
6 Did not do for other reasons
-7 D/K / Refused
-6 Permanently Missing

7. Lifting heavy objects because of your health?

lftbvobj_disq

-9
1 No difficulty
2 A little difficulty
3 Some difficulty
4 A lot of difficulty
5 Unable to do the activity
6 Did not do for other reasons
-7 D/K / Refused
-6 Permanently Missing

8. Participating in community activities such as religious services, social activities, or volunteer work because of your health?

commact_disq

-9
1 No difficulty
2 A little difficulty
3 Some difficulty
4 A lot of difficulty
5 Unable to do the activity
6 Did not do for other reasons
-7 D/K / Refused
-6 Permanently Missing

During the past month, how much difficulty have you had ...

(Interviewer Note: Repeat the stem question periodically as needed.)

9. Walking one block because of your health?

wlk1blk_disq

-9
1 No difficulty
2 A little difficulty
3 Some difficulty
4 A lot of difficulty
5 Unable to do the activity
6 Did not do for other reasons
-7 D/K / Refused
-6 Permanently Missing

10. Lifting or carrying something as heavy

lft10lbs_disq

-9

as 10 pounds (i.e., a bag of groceries) because of your health?

- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

11. Moving in and out of a chair because of your health?

chair_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

a. Do you usually receive help from another person when you move in or out of a chair?

chairhp_disq

- 9
- 1 Yes
- 0 No
- 7 D/K / Refused
- 6 Permanently Missing

12. Managing your money, such as paying bills, because of your health?

mngmoney_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

13. Visiting with relatives or friends because of your health?

visrels_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

14. Moving in and out of bed because of your health?

bed_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

a. Do you usually receive help from another person when you move in or out of a bed?

bedhp_disq

- 9
- 1 Yes
- 0 No
- 7 D/K / Refused
- 6 Permanently Missing

15. Gripping with your hands because of your health?

griphnds_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

16. Using the telephone because of your health

usephone_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

17. Using the toilet including getting on and off of the toilet because of your health?

toilet_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

a. Do you usually receive help from another person when you use the toilet?

toilethp_disq

- 9
- 1 Yes
- 0 No
- 7 D/K / Refused
- 6 Permanently Missing

During the past month, how much difficulty have you had ...

(Interviewer Note: Repeat the stem question periodically as needed.)

18. Dressing yourself because of your health?

dress_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

a. Do you usually receive help from another person when you get dressed?

dresshp_disq

- 9
- 1 Yes
- 0 No
- 7 D/K / Refused
- 6 Permanently Missing

19. Getting in and out of a car because of your health?

car_disq

- 9
- 1 No difficulty
- 2 A little difficulty

- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

20. Bathing or showering because of your health?

bathe_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

a. Do you usually receive help from another person when you bathe or shower?

bathnghp_disq

- 9
- 1 Yes
- 0 No
- 7 D/K / Refused
- 6 Permanently Missing

21. Taking care of a family member because of your health?

carefam_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

22. Climbing several flights of stairs because of your health?

climbsevstrs_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

23. Climbing 1 flight of stairs because of your health?

clmbstrs_disq

- 9
- 1 No difficulty
- 2 A little difficulty
- 3 Some difficulty
- 4 A lot of difficulty
- 5 Unable to do the activity
- 6 Did not do for other reasons
- 7 D/K / Refused
- 6 Permanently Missing

(Interviewer Note: Show response card "DQ2." If the participant currently drives, but has not done so during the past week, select "Less than 10 miles.")

24. About how many miles did you personally drive during the last week?

drivemiles_disq

- 9
- 1 Less than 10 miles
- 2 10-25 miles
- 3 26-50 miles

- 4 51-100 miles
- 5 more than 100 miles/week
- 6 None, don't drive anymore
- 7 None, never have driven
- 6 Permanently Missing



Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish

-

Participant ID (affix ID label here)	LIFE	Acrostic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interviewer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Visit Code	<input type="text"/> <input type="text"/> <input type="text"/>
		Date of Visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		month	day	year			

Disability Questionnaire

(For use during follow up visits only) I would like to remind you again, that for scientific reasons, please don't tell me to which of the two LIFE groups you were assigned.

1. How was the interview completed? a. In person ☐ b. By telephone ☐ c. Self-administered ☐

"We need to know about how much you can take care of yourself and do things by yourself. These questions will ask about things that most people do or have done in the past."

During the past month, how much difficulty have you had...	No difficulty	A little difficulty	Some difficulty	A lot of difficulty	Unable to do the activity	Did not do for other reasons	Don't know Refused
2. Walking for a quarter of a mile, which is about 3 or 4 blocks because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walking across a small room because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you usually receive help from another person when you walk across a small room? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Refused							
4. Do you have to use a cane, walker, crutches or special equipment to help you get around? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused							
5. Doing light housework (such as washing, dishes, dusting, etc.) because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Walking several blocks because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lifting heavy objects because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Participating in community activities such as religious services, social activities, or volunteer work because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Visit Code <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
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During the past month, how much difficulty have you had...	No difficulty	A little difficulty	Some difficulty	A lot of difficulty	Unable to do the activity	Did not do for other reasons	Don't know Refused
9. <i>Walking one block because of your health?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lifting or carrying something as heavy as 10 pounds, such as a bag of groceries, because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Moving in and out of a chair because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you usually receive help from another person when you move in and out of a chair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused							
12. Managing your money, such as paying bills, because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Visiting with relatives or friends because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Moving in and out of a bed because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you usually receive help from another person when you move in and out of a bed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused							
15. Gripping with your hands because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Using the telephone because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Using the toilet including getting on and off of the toilet because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you usually receive help from another person when you use the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused							

Participant ID (affix ID label here)	<h1 style="margin: 0;">LIFE</h1>	Acrostic
		Visit Code

During the past month, how much difficulty have you had...	No difficulty	A little difficulty	Some difficulty	A lot of difficulty	Unable to do the activity	Did not do for other reasons	Don't know Refused
18. Dressing yourself because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you usually receive help from another person when you get dressed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused							
19. Getting in and out of a car because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Bathing or showering because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you usually receive help from another person when you bathe or shower? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Refused							
21. Taking care of a family member because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Climbing several flights of stairs because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Climbing one flight of stairs because of your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Less than 10 miles	10-25 miles	26-50 miles	51-100 miles	>100 miles per week	None, don't drive any more	None, never have driven
<i>(Interviewer Note: If the participant currently drives, but has not done so during the past week, select "Less than 10 miles.")</i>							
24. About how many miles did you personally drive during the last week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PID
Acrostic:.....
Visit code:
Administration date:.....

Scoring (items for each scale)*:

1. Total score = sum all items and divide by 19
2. Basic ADLs = sum items 11, 14, 15, 17, 18, 19, & 20 and divide by 7
3. Mobility = sum items 6, 7, 9, 10, 22, 23 and divide by 6
4. IADLs = sum items 5, 8, 12, 13, 16, 21 and divide by 6

*Items that receive a score of 6 (usually did not do for other reasons) are not included in scoring.
No fewer than 4 items should be used in calculating any subscale score.