

Dataset name: padl_v2.0

Participant ID pid

D000000

Acrostic acrostic

ZZZZZ

Interviewer compby

V.C. vc

YYY

Date of Visit vis_dat

(mm/dd/yyyy)

Proxy Activities of Daily Living (ADL) Questionnaire

CRF #2.0

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

1. How was the interview completed? intvcomp_padl

-9
1 In person
2 By telephone
-6 Permanently Missing

Script: "We need to know about how much (participant) can take care of himself/herself and do things by himself/herself. These questions will ask about things most people do or have done in the past."

2. Does (participant) usually receive help from another person when he/she walks across a small room?

hlpwk_padl

-9
1 Yes
0 No
2 Don't do the activity
-7 Don't Know/Refused
-6 Permanently Missing

3. Does (participant) usually receive help from another person when he/she bathes or showers?

hlpbathe_padl

-9
1 Yes
0 No
2 Don't do the activity
-7 Don't Know/Refused
-6 Permanently Missing

4. Does (participant) usually receive help from another person when he/she moves in or out of a chair?

hlp2chair_padl

-9
1 Yes
0 No
2 Don't do the activity
-7 Don't Know/Refused
-6 Permanently Missing

5. Does (participant) usually receive help from another person when he/she moves in or out of a bed?

hlp2bed_padl

-9
1 Yes
0 No
2 Don't do the activity
-7 Don't Know/Refused
-6 Permanently Missing

6. Does (participant) usually receive help from another person when he/she uses the toilet?

usejon_padl

-9
1 Yes
0 No
2 Don't do the activity

-7 Don't Know/Refused
-6 Permanently Missing

7. Does (*participant*) usually receive help
from another person when he/she gets
dressed?

hlpdress_padl
-9
1 Yes
0 No
2 Don't do the activity
-7 Don't Know/Refused
-6 Permanently Missing

8. Does (*participant*) usually receive help
from another person when he/she feeds
himself/herself?

hlpfeed_padl
-9
1 Yes
0 No
2 Don't do the activity
-7 Don't Know/Refused
-6 Permanently Missing

9. Does (*participant*) have to use a cane,
walker, crutches or special equipment to
help himself/herself get around?

speqpmnt_padl
-9
1 Yes
0 No
2 Don't do the activity
-7 Don't Know/Refused
-6 Permanently Missing

9.a Please specify the type of walking aid that
is typically used.

speqpmntspc_padl

Source Form Language: lang

-9 -
1 English
2 Spanish

Save

Participant ID (affix ID label here)	LIFE	Acrostic 	Interviewer 	Visit Code
		Date of Visit 		
		month day year		

Proxy Activities of Daily Living (ADL) Questionnaire

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

1. How was the interview completed? a. In person ☐ b. By telephone ☐

Script: "We need to know about how much (participant) can take care of himself/herself and do things by himself/herself. These questions will ask about things most people do or have done in the past."

	Yes	No	Don't do the activity	Don't Know/Refused
2. Does <i>(participant)</i> usually receive help from another person when he/she walks across a small room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does <i>(participant)</i> usually receive help from another person when he/she bathes or showers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does <i>(participant)</i> usually receive help from another person when he/she moves in or out of a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does <i>(participant)</i> usually receive help from another person when he/she moves in or out of a bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does <i>(participant)</i> usually receive help from another person when he/she uses the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does <i>(participant)</i> usually receive help from another person when he/she gets dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does <i>(participant)</i> usually receive help from another person when he/she feeds himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does <i>(participant)</i> have to use a cane, walker, crutches or special equipment to help himself/herself get around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Go to 9a	Skip to end		
9a. Please specify the type of walking aid that is typically used.				