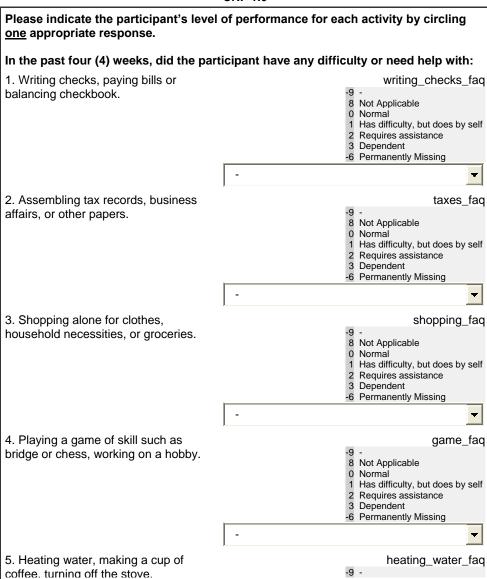
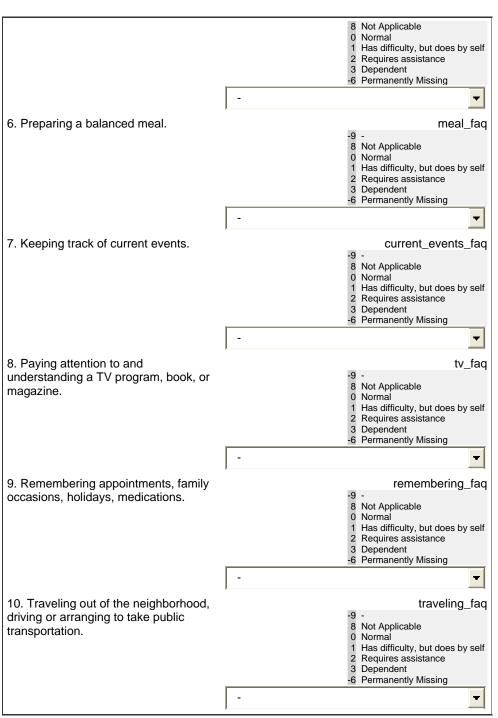
Dataset name: faq v1.0



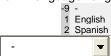
Proxy Functional Assessment Questionnaire (FAQ)

CRF 1.0





Source Form Language: lang



	LIFE	Acrostic
Participant ID (affix ID label here)	Exami	Date of Exam Month day year

Proxy Functional Assessment Questionnaire (FAQ)

Please indicate the participant's level of performance for each activity by circling <u>one</u> appropriate response.	Not		Has difficulty,		
In the past four (4) weeks, did the participant have any difficulty or need help with:	Applicable (e.g., never did)	Normal	but does by self	Requires assistance	Dependent
Writing checks, paying bills or balancing checkbook.	8	0	1	2	3
Assembling tax records, business affairs, or other papers.	8	0	1	2	3
3. Shopping alone for clothes, household necessities, or groceries.	8	0	1	2	3
4. Playing a game of skill such as bridge or chess, working on a hobby.	8	0	1	2	3
5. Heating water, making a cup of coffee, turning off the stove.	8	0	1	2	3
6. Preparing a balanced meal.	8	0	1	2	3
7. Keeping track of current events.	8	0	1	2	3
8. Paying attention to and understanding a TV program, book, or magazine.	8	0	1	2	3
9. Remembering appointments, family occasions, holidays, medications.	8	0	1	2	3
10. Traveling out of the neighborhood, driving or arranging to take public transportation.	8	0	1	2	3