	Acrostic acrostic		
Participant ID <u>pid</u>	Interviewer compby	V.C. <u>vc</u>	
	Date of Visit <u>vis_mth</u> / <u>vis_day</u>	/ <u>vis_yr</u>	

Late Life Disability

SCRIPT:

In this set of questions, I will ask you about everyday things you do at this time in your life. There are two parts to each question.

First, I will ask you How often you do a certain activity. Next, I will ask you To what extent do you feel limited in doing this activity.

Explain each question and subsequent answer options:

For the first question (How often do you do the activity?), please choose from these answers:

Very often Often Once in a while Almost never Never

[Show visual aid to participant]

For the second question (To what extent do you feel limited in doing the activity?), please choose from these answers:

Not at all A little Somewhat A lot Completely

[Show the visual aid to participant]

For example, you might feel limited because of your health, or because it takes a lot of mental and physical energy. Please keep in mind that you can also feel limited by factors outside of yourself. Your environment could restrict you from doing the things; for instance, transportation issues, accessibility, and social or economic circumstances could limit you from doing things you would like to do. Think of all these factors when you answer this section.

SCRIPT:

For each question, please select the one answer that comes closest to the way you have been feeling. Let's begin.

Late Life Disability (continued)

SCRIPT:

In this set of questions, I will ask you about everyday things you do at this time in your life. There are two parts to each question.

First, I will ask you How often you do a certain activity. Next, How often do you ...? I will ask you To what extent do you feel limited in doing this activity

1. Keep (Keeping) in touch with others through letters, phone, or email.

? (Show and read (Show and read response card Idis 1) response card Idis 2) kitoft Idis -9 -9 Very Often 1 1 Not at all 2 Often 2 A little 3 Once in a while 3 Somewhat 4 Almost never 4 A lot 5 Completely 5 Never -7 D/K / Refused -7 D/K / Refused

-6 Not on form -6 Not on form

To what extent do you feel limited in ... 2. Visit (Visiting) friends and family in their homes.

3. Provide (Providing) care or assistance to others. This may include providing personal care, transportation, and running errands for family members or friends.

4. Take (Taking) care of the inside of your home. This includes managing and taking responsibility for homemaking, laundry, housecleaning and minor household repairs.

5. Work (Working) at a volunteer job outside your home.

6. Take (Taking) part in active recreation. This may include bowling, golf, tennis, hiking, jogging, or swimming.

7. Take (Taking) care of household business and finances. This may include managing and taking responsibility for your money, paying bills, dealing with a landlord or tenants, dealing with utility companies or governmental agencies.

Late Life Disability (continued)

8. Take (Taking) care of your own health. This may include managing daily medications, following a special diet, scheduling doctor's appointments.

9. Travel (Traveling) out of town for at least an overnight stay.

10. Take (Taking) part in a regular fitness program. This may include walking for exercise, stationary biking, weight lifting, or exercise classes.

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invitlim_ldis

11. Invite (Inviting) people into your home for a meal or entertainment.

12. Go (Going) out with others to public places such as restaurants or movies.

13. Take (Taking) care of your own personal care needs. This includes bathing, dressing, and toileting.

14. Take (Taking) part in organized social activities. This may include clubs, card playing, senior center events, community or religious groups.

15. Take (Taking) care of local errands. This may include managing and taking responsibility for shopping for food and personal items, and going to the bank, library, or dry cleaner.

16. Prepare (Preparing) meals for yourself. This includes planning, cooking, serving, and cleaning up.

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Source Form Language: lang

-9	-
1	English
2	Spanish

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