

These questions refer to your activities within the PAST MONTH (prior to today):

| During the past four weeks, <br> have you been to... | How often did you get <br> there? | Did you use aids or <br> equipment? Did you need <br> help from another <br> person? |  |
| :--- | :--- | :--- | :--- |
| Other rooms of your <br> home besides the room <br> where you sleep? | O Yes | O Less than 1/week <br> O 1-3 times/week <br> O 4-6 times/week <br> O Daily | O Personal Assistance <br> O Equipment Only <br> O No |
| An area outside your <br> home such as your <br> porch, deck, or patio, <br> hallway (of an <br> apartment building) or <br> garage, in your own <br> yard or driveway? | O Yes <br> O No | O Less than 1/week <br> O 1-3 times/week <br> O 4-6 times/week <br> O Daily | O Personal Assistance <br> O Equipment Only |
| Places in your <br> neighborhood, other <br> than your own yard or <br> apartment building? | O Yes <br> O No | O Less than 1/week <br> O 1-3 times/week <br> O 4-6 times/week <br> O Daily | O Personal Assistance |

