

---

---

## FUNCTIONAL STATUS

### 1. Background and Rationale

These questions ask about difficulty and dependence in accomplishing selected activities. The functional status battery for Visit 9 will be a shorter version of the battery used in Visit 8. One frequent area of confusion regarding functional status measures is determining the degree of difficulty for activities that the subject accomplishes with help or with special aids. Therefore, we will ask about difficulty when the respondent performs the activity by herself and without using special aids. These questions follow the format of other interview schedules. It is important that the participant answers the questions about degree of difficulty for the 9 specific activities when she does NOT use any aids or receive help. In some cases, this may require asking the participant a hypothetical question about whether she would have difficulty, or how much difficulty she would have, if she performed the activity without help or aids.

Following the functional status questions, we ask participants about whether or not they use several different aids or devices to help them with certain things. If they say that they use certain aids, double check that they have answered any appropriate functional status questions about their difficulty as if they DID NOT use that aid. For example, if a woman reports that she uses a cane or walker and then reports no difficulty walking 2-3 blocks outside unaided, this might be an error. Double check the responses with the participant. Some ladies may use a cane or other device as a precaution or safety, even if they don't really need it and can perform the activity unaided without difficulty. Please clarify this discrepancy with the participant while she is in the clinic. If necessary, make notes on another piece of paper and clarify with the QC officer.

In Visit 9, we will also ask questions about urinary incontinence, which were previously asked in Visits 4 and 5.

### 2. Administering the Interview

#### **Introduction:**

Read the introductory statement at the top of the page that tells the subject we are interested in how she does by herself and without special aids.

#### **Function Questions:**

Be sure the subject understands that the questions are about difficulty she has by herself and without the use of special aids. Aids include a cane, walker, artificial limb, special eating appliances, special reaching appliances, grab bars, automatic lifts, etc.

Customization: How you ask the functional status questions can be tailored somewhat to the participant. If a participant is obviously using a cane, say “without your cane, would you have difficulty....”.

---

If she volunteers that she can do an activity without difficulty only if she does it very slowly, ask if she has difficulty doing the activity at a speed that she would consider normal for her age.

- If she does have difficulty at a normal speed, mark “yes.”

For multiple activity questions, like housework, where the level of difficulty may vary across activities use the following rules of thumb:

1. If she doesn't do one or two activities for non-health reasons (e.g. wash windows) but has no difficulty with most others, then code as “no difficulty”.
2. If she is unable to do some activities but has no difficulty with most others, code as “some difficulty”.
3. If she is unable to do some activities and has difficulty with most others, code as “much difficulty”.
4. If she is unable to do most activities, code as “unable”.

### Questions 1-9

#### **Part A:**

If a participant reports difficulty (answers “Yes”) with an activity or reports that she “doesn't do” the activity, ask part **a** about the reason for the difficulty/inability.

#### **Parts B and C:**

Follow-up questions in parts b and c ask about the degree and duration of difficulty, dependence on others for the activity, and the symptoms and conditions causing the difficulty.

For items 1 (walking), 2 (climb up 10 steps), and 3 (walking down steps):

Ask parts b and c for all subjects with difficulty or inability, whether or not they say it is due to a health or physical problem (everyone that was asked question b). The underlying assumption is that if they don't walk 2-3 blocks or climb 10 steps then it is due to a health problem. If they don't do these activities, then for part b, the answer should be "Unable to do it". For the few participants who don't walk or climb, continue to ask the remaining questions referring to their "inability", instead of their “difficulty”.

For items 4 through 9:

Ask parts b and c only if the answer is “Yes” or “Don't know” to the question about whether the difficulty/inability is due to a health or physical problem. If the participant doesn't do the activity and it is because of a health or physical problem then she is "unable to do it".

### Question 10

As mentioned above, ask participants about whether or not they use several different aids or devices to help them with certain things. If they say that they use certain aids, double

---

check that they have answered any appropriate functional status questions about their difficulty as if they DID NOT use that aid.

Question 11

This question assesses nocturia, the most common bladder symptom older adults experience and one that causes the greatest bother.<sup>1</sup>

Question 12

This question and sub-questions related to urinary incontinence are taken from the NHANES 2001-2006 annual national sample questionnaire<sup>2</sup>, but are very similar to questions used in Visit 4 and 5 in SOF. The similarity will allow for longitudinal analyses of this condition within the SOF cohort. The sub-questions will better define the type of incontinence<sup>3</sup>.

If the participant reports that she has experienced urinary incontinence in the past 12 months, ask the three additional questions on the form.

---

<sup>1</sup> Perry S, Shaw C, Assassa P, et al. An epidemiological study to establish the prevalence of urinary symptoms and felt need in the community: the Leicestershire MRC Incontinence Study. Leicestershire MRC Incontinence Study Team. *J Public Health Med.* Sep 2000;22(3):427-434.

<sup>2</sup> Brown JS, Vittinghoff E, Lin F, Nyberg LM, Kusek JW, Kanaya AM. Prevalence and risk factors for urinary incontinence in women with type 2 diabetes and impaired fasting glucose: findings from the National Health and Nutrition Examination Survey (NHANES) 2001-2002. *Diabetes Care.* Jun 2006;29(6):1307-1312.

<sup>3</sup> Brown JS, Bradley CS, Subak LL, et al. The sensitivity and specificity of a simple test to distinguish between urge and stress urinary incontinence. *Ann Intern Med.* May 16 2006;144(10):715-723