



In general, would you say your

Form 151-Activities of Daily Life



This form has questions about your current experiences. Please answer the questions as honestly as you can, using your first thoughts about each question. You should not go back later to "figure out" answers. Please answer the questions on both sides. Your answers will be kept confidential and will never be put with your name in a published report, but they will help us to understand the health of women like you. Thank you for your help.

	0	1	2	3	4	5 6	7	8	9	10
	0	\bigcirc	\bigcirc	\bigcirc	0	0 0	\bigcirc	\bigcirc	\bigcirc	0
	Worst bad or w an being o				Ha	llfway			В	est quality of life
Does the place (home, apartment, assisted living facility) where you live have special service older people (such as help with transportation, meals, medicines, or bathing)?										
0	No	Yes → 3.1. Are you currently receiving any of these services?No ○¹ Yes								
	nt aid, if a illy use to	ıny, do			I do not se any aid	I use a cane	I us		I use a	
					\bigcirc 1	<u>2</u>	\circ	3	O 4	<u></u>
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6.	Are you taking a calcium supplement such	ch as Oscal, Viactiv, or Tun	ns?	
	○ No ○ Yes			
	e following are questions about a typical	•	•	ealth now limit
you	in these activities and, if so, how much	? (Mark one circle for ea	ch question.)	
		No, not limited at all	Yes, limited a little	Yes, limited a lot
7.	Vigorous activities, such as running, lifti heavy objects, or strenuous sports	ng O 3	○ 2	<u> </u>
8.	Moderate activities, such as moving a tall vacuuming, bowling, or golfing	ole, O3	<u> </u>	<u> </u>
9.	Lifting or carrying groceries	<u></u> 3	<u>2</u>	<u> </u>
10.	Climbing several flights of stairs	<u></u> 3	<u>2</u>	<u> </u>
11.	Climbing one flight of stairs	<u></u> 3	<u>2</u>	<u> </u>
12.	Bending, kneeling, stooping	<u></u> 3	<u>2</u>	<u> </u>
13.	Walking more than a mile	<u></u> 3	<u>2</u>	<u> </u>
14.	Walking several blocks	<u></u> 3	<u>2</u>	<u> </u>
15.	Walking one block	<u></u> 3	<u>2</u>	
16.	Bathing or dressing yourself	<u></u> 3	<u>2</u>	<u> </u>
Hel	ese next questions ask about how much he p can be defined as getting assistance from the question.)	nelp (if any) you need to d om another person or usi	o routine activi ng a device. (Ma	ties <u>for yourself</u> . ark one circle fo
	I can do th	his activity: By myself without help	With some help	Completely unable to do this by myself
17.	Can you feed yourself?		<u>2</u>	<u>3</u>
18.	Can you dress and undress yourself?		<u>2</u>	<u></u> 3
19.	Can you get in and out of bed yourself?		<u></u> 2	<u></u> 3
20.	Can you take a bath or shower?		<u>2</u>	<u></u> 3
21.	Can you do your own grocery shopping?		<u>2</u>	<u></u> 3
22.	Can you keep track of and take your med	licines?	<u></u>	<u></u> 3