

ACTIVITIES OF DAILY LIVING (ADLs) (continued)

HS34. (Do you/Does SP) use special equipment or aids to help (you/him/ her) with (ADL)?	(1)	(2)	(3)	(4)	(5)	(6)
	bathing or showering?	dressing?	eating?	getting in or out of bed or chairs?	walking?	using the toilet?
Yes 1	Yes 1	Yes 1	Yes 1	Yes 1	Yes 1	Yes 1
No 2	No 2	No 2	No 2	No 2	No 2	No 2
EQUIPBATH	EQUIPDRES	EQUIPEAT	EQUIPCHAR	EQUIPWALK	EQUIPTOIL	

IF YES IN ANY ADL QUESTION HS32, ASK HS34a. IF YES IN ANY ADL QUESTION HS33, GO TO HS35. OTHERWISE, GO TO HS36a.

HS34a. How long (have you/has SP) needed help with (ADL)? Has it been...

- less than 3 months, 1 (HS34b)
- more than 3 months but less than 1 year, or 2 (HS35)
- more than 1 year? 3 (HS35)
- REFUSED -7 (HS35)
- DON'T KNOW -8 (HS35)

LONGBATH **LONGDRES** **LONGEAT** **LONGCHAR** **LONGWALK** **LONGTOIL**

HS34b. Do you expect that (you/SP) will still need help with (ADL) three months from now?

- YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

STILBATH **STILDRES** **STILEAT** **STILCHAR** **STILWALK** **STILTOIL**

HS35. You mentioned that [(you receive/SP receives) help/someone stays nearby in case (you need/SP needs) help] with (name all ADL's with Yes in HS31.) Who [gives that help/stays nearby in case (you need/SP needs) help]? [ENTER ALL HELPERS.]

HLPRPROST **HLPRBATH** **HLPRDRES** **HLPREAT** **HLPRCHAR** **HLPRWALK** **HLPRTOIL**

IF MORE THAN ONE HELPER NAMED IN HS35, GO TO HS36. OTHERWISE, GO TO HS36a.

HS36. Which of these persons gives (you/SP) the most help with these things? [SELECT ONLY ONE.]
MOSTADLS **HLPRMOST**

HS36a. (Do you/Does SP) experience memory loss such that it interferes with daily activities?

MEMLOSS YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HS36b. (Do you/Does SP) have problems making decisions to the point that it interferes with daily activities?

PROBDECS YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HS36c. (Do you/Does SP) have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?

TROBCONC YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HS37. I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, (you/SP) lost urine beyond (your/his/her) control [during the past 12 months/since (PREV. SUPP. RD. INT. DATE)].

SHOW CARD HS2

LOSTURIN MORE THAN ONCE A WEEK 1
 ABOUT ONCE A WEEK 2
 2-3 TIMES A MONTH 3
 ABOUT ONCE A MONTH 4
 EVERY 2-3 MONTHS 5
 ONCE OR TWICE A YEAR 6
 NOT AT ALL 7
 SP IS ON DIALYSIS OR CATHETERIZATION... 8
 REFUSED -7
 DON'T KNOW -8

BOX HS4	GO TO BOX SC1A .
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