



The ACT Project
Memory and Functioning
University of Washington
June 15, 2004

SUBJECT ACT No.: 4 5 6 7 8 9

CHARSUB Char ID.: 10 11 12

DATE_MO
DATE_DAY,
DATE_YR

Date: 13 14/15 16/17 18

INT Interviewer: 19 20 21

1. Do you have any difficulty walking one-half mile (8 city blocks)?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 2.

← CODE FROM THIS COLUMN AND FROM TABLES
22 MEM1

1a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

23 MEM1A

1b. For how long have you had this difficulty or been unable to do this activity?..... 24 25 26 months

MEM1B

2. Do you have any difficulty walking around in your house?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 3.

27 MEM2

2a. How much difficulty do you have ?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

28 MEM2A

2b. For how long have you had this difficulty or been unable to do this activity?.....

MEM2B
29 30 31 months

3. Do you have any difficulty getting out of a bed or chair?

(#2B Removed 04/17/2008)

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |
| If YES, answer a and b | |
| Otherwise, go to question 4. | |

32 MEM3

3a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

33 MEM3A

3b. For how long have you had this difficulty or been unable to do this activity?.....

MEM3B
34 35 36 months

4. Do you have any difficulty walking up a flight of stairs (that is, about 10 steps)?

(#3B Removed 04/17/2008)

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |
| If YES, answer a and b | |
| Otherwise, go to question 5. | |

37 MEM4

4a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

38 *MEM4A*

4b. For how long have you had this difficulty or been unable to do this activity?.....

39 40 41 months

MEM4B

5. Because of health or physical problems, do you have any difficulty with heavy work like washing the car, cleaning up the garage, or yard work (like raking leaves or mowing)?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

42 *MEM5*

**If YES, answer a and b
Otherwise, go to question 6.**

5a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

43 *MEM5A*

5b. For how long have you had this difficulty or been unable to do this activity?.....

44 45 46 months

MEM5B

6. Because of health or physical problems, do you have any difficulty with light housework like washing or drying dishes, making a bed, or tidying up a workshop or room?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 7.

47 *MEM6*

6a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

48 *MEM6A*

6b. For how long have you had this difficulty or been unable to do this activity?.....

49 50 51 months

MEM6B

(#6B Removed 04/17/2008)

7. Because of health or physical problems, do you have any difficulty with shopping for personal items?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 8.

52 *MEM7*

7a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

53 MEM7A

7b. For how long have you had this difficulty or been unable to do this activity?.....

54 55 56 months

8. Because of health or physical problems, do you have any difficulty with preparing your meals?

MEM7B

(#7B Removed 04/17/2008)

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

57 MEM8

**If YES, answer a and b
Otherwise, go to question 9.**

8a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

58 MEM8A

8b. For how long have you had this difficulty or been unable to do this activity?.....

59 60 61 months

MEM8B

(#8B Removed 04/17/2008)

9. Because of health or physical problems do you have any difficulty with managing your money such as paying bills, writing checks, etc.?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

**If YES, answer a and b
Otherwise, go to question 10.**

62 MEM9

9a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

63 MEM9A

9b. For how long have you had this difficulty or been unable to do this activity?.....

64 65 66 months

10. Because of health or physical problems, do you have any difficulty using the telephone?

MEM9B

(#9B Removed 04/17/2008)

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

**If YES, answer a and b
Otherwise, go to question 11.**

67 MEM10

10a. How much difficulty do you have

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

68 MEM10A

10b. For how long have you had this difficulty or been unable to do this activity?.....

69 70 71 months

MEM10B

(#10B Removed 04/17/2008)

11. Because of health or physical problems, do you have any difficulty feeding yourself (like holding a fork, cutting food or drinking from a glass)?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 12.

72 MEM11

11a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

73 MEM11A

11b. For how long have you had this difficulty or been unable to do this activity?.....

74 75 76 months

12. Because of health or physical problems, do you have any difficulty dressing yourself (like putting on a shirt, buttoning and zipping, or putting on/tying shoes)?

MEM11B

(#11B Removed 04/17/2008)

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 13.

77 MEM12

12a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

78 MEM12A

12b. For how long have you had this difficulty or been unable to do this activity?..... 79 80 81 months

MEM12B
(#12B Removed 04/17/2008)

13. Because of health or physical problems do you have any difficulty bathing or taking a shower?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 14.

82 **MEM13**

13a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

83 **MEM13A**

13b. For how long have you had this difficulty or been unable to do this activity?..... 84 85 86 months

MEM13B
(#13B Removed 04/17/2008)

14. Because of health or physical problems, do you have any difficulty getting to or using the toilet?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
Otherwise, go to question 15.

87 **MEM14**

14a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

88 **MEM14A**

14b. For how long have you had this difficulty or been unable to do this activity?..... 89 90 91 months

MEM14B

(#14B Removed 04/17/2008)

15. Do you have any difficulty lifting or carrying something as heavy as ten pounds?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

**If YES, answer a and b
Otherwise, go to question 16.**

92 MEM15

15a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

93 MEM15A

15b. For how long have you had this difficulty or been unable to do this activity?..... 94 95 96 months

94 95 96

16. Do you have any difficulty reaching out and above your head with your arms?

MEM15B

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

**If YES, answer a and b
Otherwise, go to question 17.**

97 MEM16

(#16 Removed 04/17/2008)

16a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

98 MEM16A

(#16A Removed 04/17/2008)

16b. For how long have you had this difficulty or been unable to do this activity?..... 99 100 101 months

MEM16B
(#16B Removed 04/17/2008)

17. Do you have any difficulty gripping small objects with your hands?

| | |
|---------------------------------------|---|
| No..... | 0 |
| Yes..... | 1 |
| Could but don't for other reason..... | 2 |
| Don't know or refused..... | 9 |

If YES, answer a and b
If NO, skip to the next section.

102 **MEM17**

17a. How much difficulty do you have?

| | |
|-------------------|---|
| Some..... | 1 |
| A lot..... | 2 |
| Unable to do..... | 3 |
| Don't know..... | 9 |

103 **MEM17A**

17b. For how long have you had this difficulty or been unable to do this activity?..... 104 105 106 months

MEM17B
(#17B Removed 04/17/2008)

| <i>PSYCHOSOCIAL</i> | | | | | | | |
|---|--|--------------|---------------|----------------|---------------|--------------------|-----------------|
| <i>SOCIAL SUPPORT and NETWORKS</i> | | | | | | | |
| <i>Each of these statements may or may not be true about you. For each statement, please give me the response that best reflects your feelings:</i> | | Def. True | Prob. True | Prob. False | Def. False | Unknown Refused | |
| #1. When I feel lonely, there are several people I can talk to. | | 1 | 2 | 3 | 4 | 9 | 107 SUP1 |
| #2. I often meet or talk with family or friends. | | 1 | 2 | 3 | 4 | 9 | 108 SUP2 |
| #3. If I needed help, I could easily find someone to help me with my daily chores. | | 1 | 2 | 3 | 4 | 9 | 109 SUP3 |
| #4. When I need suggestions on how to deal with a personal problem, I know someone I can turn to. | | 1 | 2 | 3 | 4 | 9 | 110 SUP4 |
| #5. There is at least one person I know whose advice I really trust. | | 1 | 2 | 3 | 4 | 9 | 111 SUP5 |
| # 6. If I had to go out of town for a few weeks, it would be possible to find someone who would look after my house or apartment (the plants, pets, garden, etc). | | 1 | 2 | 3 | 4 | 9 | 112 SUP6 |

| Would you say in the last week? | Rarely or none of the time (< 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most of the time (almost every day) | Don't know or refused | | |
|---|--------------------------------------|---|--|-------------------------------------|-----------------------|-----|-------|
| 1. You were bothered by things that usually don't bother you. | 0 | 1 | 2 | 3 | 9 | 113 | DEP1 |
| 2. You did not feel like eating; your appetite was poor. | 0 | 1 | 2 | 3 | 9 | 114 | DEP2 |
| 3. You felt that you could not shake off the blues, even with help from your family or friends. | 0 | 1 | 2 | 3 | 9 | 115 | DEP13 |
| 4. You felt that you were just as good as other people. | 3 | 2 | 1 | 0 | 9 | 116 | DEP14 |
| 5. You had trouble keeping your mind on what you were doing. | 0 | 1 | 2 | 3 | 9 | 117 | DEP3 |
| 6. You felt depressed. | 0 | 1 | 2 | 3 | 9 | 118 | DEP5 |
| 7. You felt that everything you did was an effort. | 0 | 1 | 2 | 3 | 9 | 119 | DEP4 |
| 8. You were hopeful about the future. | 3 | 2 | 1 | 0 | 9 | 120 | DEP6 |
| 9. You thought your life had been a failure. | 0 | 1 | 2 | 3 | 9 | 121 | DEP15 |
| 10. You felt fearful. | 0 | 1 | 2 | 3 | 9 | 122 | DEP7 |
| 11. Your sleep was restless. | 0 | 1 | 2 | 3 | 9 | 123 | DEP8 |
| 12. You were happy. | 3 | 2 | 1 | 0 | 9 | 124 | DEP9 |
| 13. You talked less than usual. | 0 | 1 | 2 | 3 | 9 | 125 | DEP16 |
| 14. You felt lonely. | 0 | 1 | 2 | 3 | 9 | 126 | DEP10 |
| 15. People were unfriendly. | 0 | 1 | 2 | 3 | 9 | 127 | DEP17 |
| 16. You enjoyed life. | 3 | 2 | 1 | 0 | 9 | 128 | DEP18 |
| 17. You had crying spells. | 0 | 1 | 2 | 3 | 9 | 129 | DEP19 |
| 18. You felt sad. | 0 | 1 | 2 | 3 | 9 | 130 | DEP20 |
| 19. You felt that people disliked you. | 0 | 1 | 2 | 3 | 9 | 131 | DEP21 |
| 20. You could not get "going". | 0 | 1 | 2 | 3 | 9 | 132 | DEP11 |

Replaced on 01/2001. Old form had only 11 questions for CESD.

MEMORY CHANGES

The next series of questions involve changes you may have observed in yourself over the past 10 to 20 years.

| | | | |
|--|-------------------------|---|----------------------------|
| 1. Do you think your ability to remember the names of people you have just met has changed in the past 10-20 years? | Definitely improved | 1 | 133 MEMC1 |
| | Slightly improved | 2 | |
| | No change | 3 | |
| | Slightly deteriorated | 4 | |
| | Definitely deteriorated | 5 | |
| | Don't know | 9 | |
| 2. Your ability to remember the faces of people you have just met? | Definitely improved | 1 | 134 MEMC2 |
| | Slightly improved | 2 | |
| | No change | 3 | |
| | Slightly deteriorated | 4 | |
| | Definitely deteriorated | 5 | |
| | Don't know | 9 | |
| 3. Your ability to remember the names of close friends and relatives? | Definitely improved | 1 | 135 MEMC3 |
| | Slightly improved | 2 | |
| | No change | 3 | |
| | Slightly deteriorated | 4 | |
| | Definitely deteriorated | 5 | |
| | Don't know | 9 | |
| 4. Your ability to remember appointments correctly? | Definitely improved | 1 | 136 MEMC4 |
| | Slightly improved | 2 | |
| | No change | 3 | |
| | Slightly deteriorated | 4 | |
| | Definitely deteriorated | 5 | |
| | Don't know | 9 | |
| 5. And finally, your ability to judge the passage of time, and guessing the time of day without looking at a clock or the sun? | Definitely improved | 1 | 137 MEMC5 |
| | Slightly improved | 2 | |
| | No change | 3 | |
| | Slightly deteriorated | 4 | |
| | Definitely deteriorated | 5 | |
| | Don't know | 9 | |

*Replaces old 01/2001
(Columns only, Same variable)*