

BIENNIAL VISIT

FORM 73
2 3



The ACT Project
Memory and Functioning
University of Washington
January 31, 2001

Variable added 09/2020
Type: 6 Remote Visit

SUBJECT ACT No.: 4 5 6 7 8 9
CHARSUB Char ID: 10 11 12
Date: 13 14 / 15 16 / 17 18 DATE_MO
VISIT Visit No: 01 DATE_DAY, DATE_YR
VTYPE 19 Type: 2 - In-Person
INT **6 - Remote**
Interviewer: 20 21 22

1. Do you have any difficulty walking one- half mile (8 city blocks)?
- No.....0
 Yes.....1 **23 MEM1**
 Could but don't
 for other reason.....2
 Don't know/Refused.....9

If Yes, answer 1a.

- | | | |
|--------------------------------------|--------------------|-----------------|
| 1a. How much difficulty do you have? | Some.....1 | |
| | A lot.....2 | 24 MEM1A |
| | Unable to do.....3 | |
| | Don't know.....9 | |

2. Do you have any difficulty walking around in your house?
- No.....0
 Yes.....1
 Could but don't **25 MEM2**
 for other reason.....2
 Don't know/Refused.....9

If Yes, answer 2a.

- | | | |
|--------------------------------------|--------------------|-----------------|
| 2a. How much difficulty do you have? | Some.....1 | |
| | A lot.....2 | 26 MEM2A |
| | Unable to do.....3 | |
| | Don't know.....9 | |

3. Do you have any difficulty getting out of a bed or chair?
- No.....0
 Yes.....1
 Could but don't **27 MEM3**
 for other reason.....2
 Don't know/Refused.....9

If Yes, answer 3a.

- | | | |
|--------------------------------------|--------------------|-----------------|
| 3a. How much difficulty do you have? | Some.....1 | |
| | A lot.....2 | 28 MEM3A |
| | Unable to do.....3 | |
| | Don't know.....9 | |

4. Do you have any difficulty walking up a flight of stairs (that is, about 10 steps)?
- No.....0
 Yes.....1
 Could but don't for other reason.....2
 Don't know/Refused.....9
- 29 MEM4**

If Yes, answer 4a.

4a. How much difficulty do you have?	Some.....1	
	A lot.....2	30 MEM4A
	Unable to do.....3	
	Don't know.....9	

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 and mowing)?
- No.....0
 Yes.....1
 Could but don't for other reason.....2
 Don't know/Refused.....9
- 31 MEM5**

If Yes, answer 5a.

5a. How much difficulty do you have?	Some.....1	
	A lot.....2	32 MEM5A
	Unable to do.....3	
	Don't know.....9	

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/Refused.....9
- 33 MEM6**

If Yes, answer 6a.

6a. How much difficulty do you have?	Some.....1	
	A lot.....2	34 MEM6A
	Unable to do.....3	
	Don't know.....9	

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/Refused.....9
- 35 MEM7**

If Yes, answer 7a.

7a. How much difficulty do you have?	Some.....1	
	A lot.....2	36 MEM7A
	Unable to do.....3	
	Don't know.....9	

8. Because of health or physical problems, do you have any difficulty with preparing your meals?
- | | | |
|--|---|----------------|
| No..... | 0 | |
| Yes..... | 1 | |
| Could but don't
for other reason..... | 2 | 37 MEM8 |
| Don't know/Refused..... | 9 | |

If Yes, answer 8a.

8a. How much difficulty do you have?	Some.....	1	
	A lot.....	2	
	Unable to do.....	3	38 MEM8A
	Don't know.....	9	

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 | 39 MEM9 |
| Don't know/Refused..... | 9 | |

If Yes, answer 9a.

9a. How much difficulty do you have?	Some.....	1	
	A lot.....	2	
	Unable to do.....	3	40 MEM9A
	Don't know.....	9	

10. Because of health or physical problems, do you have any difficulty using the telephone?
- | | | |
|--|---|-----------------|
| No..... | 0 | |
| Yes..... | 1 | |
| Could but don't
for other reason..... | 2 | 41 MEM10 |
| Don't know/Refused..... | 9 | |

If Yes, answer 10a.

10a. How much difficulty do you have?	Some.....	1	
	A lot.....	2	
	Unable to do.....	3	42 MEM10A
	Don't know.....	9	

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 | 43 MEM11 |
| Don't know/Refused..... | 9 | |

If Yes, answer 11a.

11a. How much difficulty do you have?	Some.....1
	A lot.....2
	Unable to do.....3
	Don't know.....9

44 MEM11A

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)?

- No.....0
- Yes.....1
- Could but don't for other reason.....2
- Don't know/Refused.....9

45 MEM12

If Yes, answer 12a.

12a. How much difficulty do you have?	Some.....1
	A lot.....2
	Unable to do.....3
	Don't know.....9

46 MEM12A

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/Refused.....9

47 MEM13

If Yes, answer 13a.

13a. How much difficulty do you have?	Some.....1
	A lot.....2
	Unable to do.....3
	Don't know.....9

48 MEM13A

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/Refused.....9

49 MEM14

If Yes, answer 14a.

14a. How much difficulty do you have?	Some.....1
	A lot.....2
	Unable to do.....3
	Don't know.....9

50 MEM14A

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/Refused.....9

51 MEM15

If Yes, answer 15a.

15a. How much difficulty do you have?	Some.....1
	A lot.....2
	Unable to do.....3
	Don't know.....9

52 MEM15A

16. Do you have any difficulty reaching above your head with your arms?
- No.....0
 Yes.....1
 Could but don't for other reason.....2
 Don't know/Refused.....9

53 MEM16

April 17, 2008 Question Removed 16 & 16A.

If Yes, answer 16a.

16a. How much difficulty do you have?	Some.....1
	A lot.....2
	Unable to do.....3
	Don't know.....9

54 MEM16A

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/Refused.....9

55 MEM17

If Yes, answer 17a.

17a. How much difficulty do you have?	Some.....1
	A lot.....2
	Unable to do.....3
	Don't know.....9

56 MEM17A

**PSYCHOSOCIAL
SOCIAL SUPPORT AND NETWORKS**

	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.	Def. true	Prob. True	Prob. false	Def. false	Unk/ Refused	
#1	When I feel lonely, there are several people I can talk to.	1	2	3	4	9 57	SUP1
#2	I often meet or talk with family or friends.	1	2	3	4	9 58	SUP2
#3	If I needed help, I could easily find someone to help me with my daily chores.	1	2	3	4	9 59	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 60	SUP4
#5	There is at least one person I know whose advice I really trust.	1	2	3	4	9 61	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 62	SUP6

MEMORY CHANGES

The next series of questions involves changes you may have observed in yourself since your last visit.

1. Since your last visit, do you think your ability to remember the names of people you have just met has changed?	Definitely improved	63	MEMC1	1
	Slightly improved			2
	No change			3
	Slightly deteriorated			4
	Definitely deteriorated			5
	Don't know			9
2. Since your last visit, has your ability to remember the faces of people you have just met changed?	Definitely improved	64	MEMC2	1
	Slightly improved			2
	No change			3
	Slightly deteriorated			4
	Definitely deteriorated			5
	Don't know			9
3. Since your last visit, has your ability to remember the names of close friends or relatives changed?	Definitely improved	65	MEMC3	1
	Slightly improved			2
	No change			3
	Slightly deteriorated			4
	Definitely deteriorated			5
	Don't know			9
4. Since your last visit, has your ability to remember appointments correctly changed?	Definitely improved	66	MEMC4	1
	Slightly improved			2
	No change			3
	Slightly deteriorated			4
	Definitely deteriorated			5
	Don't know			9
5. And finally, since your last visit, has your ability to judge the passage of time, and guess the time of day, without looking at a clock or the sun, changed?	Definitely improved	67	MEMC5	1
	Slightly improved			2
	No change			3
	Slightly deteriorated			4
	Definitely deteriorated			5
	Don't know			9