
FORM:	151 – ACTIVITIES OF DAILY LIFE
Version:	9 – March 30, 2007
Description:	1-page, 2-sided form; scanned at CCC.
When used:	Mailed annually to Extension Study participants; mailed routinely with the <i>Form 33 – Medical History Update</i> .
Purpose:	To record information about the impact of disease events on daily functioning and quality of life in aging participants. There is no expectation that the FCs follow-up on information that a participant marks on this form.

GENERAL INSTRUCTIONS

The form is printed in both English (*Form 151*) and Spanish (*Form 151s*) and both are in mark-sense format. For both forms, follow the instructions on the front of the form for marking the answers.

The CCC places the participant barcode label on the front page of the form and mails it with the annual *Form 33 – Medical History Update* and one-time *Form 134 – Addendum to the Medical History Update* to HT participants two months before the randomization anniversary month.

Participants are asked to mail the completed form back to the CCC together with the *Form 33 – Medical History Update* and the *Form 134 – Addendum to the Medical History Update* in the return envelope provided.

Data entry at the CCC. Review the form for comments and mark the FCA box in the Office Use Only box as needed. Scan the form.

Item Instructions

Date received	Date received at FC or date completed by phone interview. Located in <i>Official Use Only</i> on page 1. When the CCC mails the form to and receives it back from the participant, this item is left blank and instead the scan date is inserted into WHIX.
Reviewed by	5-digit WHI Extension study employee ID. For forms scanned at the CCC, this item is left blank and instead WHIX inserts the ID of the CCC staff person scanning the form.
Contact type	Mark appropriate box. For forms scanned at the CCC, this item is left blank, and WHIX inserts “2 – Mail” into WHIX.
Visit type	Mark appropriate box. For forms scanned at the CCC, this item is left blank, and WHIX inserts “3 – Annual” into WHIX.
Language	Indication of English (E) or Spanish (S) version of the form. The response to this item is printed on the form.
Field Center Alert (FCA) bubble	Used by CCC to alert the FC that a form has participant comments and the image should be reviewed.
OU1 bubble	Reserved for future use.
OU2 bubble	Reserved for future use.

1. In general, how is your health? Mark one box
2. Overall, rate your quality of life Mark one box, 0 (worse than being dead) to 10 (best quality of life)
3. Does your place have special services for older people? No/Yes
- 3.1 Currently receiving any of these services? No/Yes
4. Stayed in nursing home in past year? No/Yes
5. Do you use aids to walk on level surface? Mark one box (1 – 5)
6. Taking a calcium supplement such as Oscal, Viactiv, or Tums? No/Yes
7. Does your health limit moderate activities? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
8. Does your health limit lifting or carrying groceries? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)

9. Does your health limit climbing flights of stairs? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
10. Does your health limit climbing one flight of stairs? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
11. Does your health limit bending, kneeling, stooping? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
12. Does your health limit walking more than a mile? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
13. Does your health limit walking several blocks? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
14. Does your health limit walking one block? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
15. Does your health limit bathing or dressing? Mark one box: No (not limited)/Yes (limited a little)/Yes (limited a lot)
16. Can you feed yourself? Mark one box: By myself/With some help/Completely unable to do by myself
17. Can you dress and undress yourself? Mark one box: By myself/With some help/Completely unable to do by myself
18. Can you get in/out of bed by yourself? Mark one box: By myself/With some help/Completely unable to do by myself
19. Can you bathe or shower by yourself? Mark one box: By myself/With some help/Completely unable to do by myself
20. Can you do your own grocery shopping? Mark one box: By myself/With some help/Completely unable to do by myself
21. Can you keep track and take your medication? Mark one box: By myself/With some help/Completely unable to do by myself