



# PHYSICAL ABILITY QUESTIONNAIRE

ID NUMBER:

FORM CODE:  P  A  Q

DATE: 04/01/2016  
Version 2.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Script:** "This questionnaire asks about your physical abilities. I will ask about some activities with which some people have difficulty because of a health or physical reason. Do not include difficulties due to a temporary condition like a broken limb. For each activity, tell me if you have 'some' or 'no difficulty'."

How much difficulty do you have:		A= No difficulty	B= Some difficulty	C= Unable to do	D= Unknown/ Do not do
1.	Walking for a quarter of a mile (that is about 2 or 3 blocks)?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
		1a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much			
2.	Walking up 10 steps without resting?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
		2a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much			
3.	Stooping, crouching or kneeling?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
		3a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much			
4.	Lifting or carrying something as heavy as 10 pounds?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
		4a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much			
5.	Doing chores around the house (like vacuuming, sweeping, dusting or straightening up)?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
		5a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much			
6.	Preparing your own meals?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
		6a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much			

How much difficulty do you have:		A= No difficulty	B= Some difficulty	C= Unable to do	D= Unknown/ Do not do
7.	Managing your money (such as keeping track of your expenses or paying bills)?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
7a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much					
8.	Walking from one room to another on the same level?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
8a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much					
9.	Standing up from an armless chair?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
9a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much					
10.	Getting in or out of bed?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
10a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much					
11.	Eating, including holding a fork, cutting food or drinking from a glass?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
11a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much					
12.	Dressing yourself, including tying shoes, working zippers and doing buttons?	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓	<input type="checkbox"/> ↓
12a. Would you say that was: <input type="checkbox"/> a=A little <input type="checkbox"/> b=Much					

**Please answer the following questions with a 'Yes' or 'No' response.**

13. Because of any impairment or health problem, do you need the help of other persons for personal care needs such as eating, bathing, dressing or getting around your home?

<sub>1</sub> Yes

<sub>2</sub> No

14. Because of any impairment or health problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?

<sub>1</sub> Yes

<sub>2</sub> No

15. Do you usually use any device to help you get around such as a cane, wheelchair, crutches or a walker?

<sub>1</sub> Yes

<sub>2</sub> No

16. Do you usually use any special eating utensils?

<sub>1</sub> Yes

<sub>2</sub> No

17. Do you usually use any aids or devices to help you dress (such as button hooks, zipper pulls, long-handled shoe horn, etc.?)

<sub>1</sub> Yes

<sub>2</sub> No



## INSTRUCTIONS FOR THE PHYSICAL ABILITY QUESTIONNAIRE (PAQ) FORM

### I. General Instructions

This questionnaire determines the degree of difficulty the participant has in performing a variety of activities, including basic activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Many of these activities have been found to be valuable indicators of health and the potential need for future care, either at home or in an institution. The time frame for most of the questions is “current”, that is, around the time of the interview.

### II. Detailed Instructions for each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. Enter the staff ID for the person who completed this form.
- 1-12. Read the lead-in, “**How much difficulty do you have...**” Hand participant the response card. If the participant never does the activity, probe to determine if he/she is unable to do it. If so, choose the “Unable to do” response. If the person never does the activity for some other reason and thus can’t judge whether he/she has any difficulty, choose “Don’t know or do not do”. For example, if the participant responds “My wife prepares all of my meals,” choose “Don’t know or do not do”  
“My arthritis is so bad my daughter prepares all my meals.” Choose “Unable to do”.
- 13-14. These are questions on difficulty performing ADLs and IADLs. If necessary remind the participant that the questions are referring to difficulty “**Because of any impairment or health problem...**”
- 15-17. Read the questions and examples as indicated.



**No Difficulty**

**Little Difficulty**

**Unable to Do**

**Unknown/Do Not Do**

Q. 1-12 (numbers)

**A little**

**Much**



Q. 1a-12a (letters)

**Yes**

**No**

Q. 13-17