**MARKING INSTRUCTIONS** 

Mark Reflex® EM-288272-1:654321

DO NOT WRITE IN THIS AREA

## **Instrumental Activities of Daily Living (IADL) Short Form**

## **Self-administered. Intended for participants not on the Long Version List.**

**MACSID** 

**VISIT** 

**VISIT DATE** 

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Jan

**DATE OF BIRTH** 

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SERIAL #

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1.	Housekeeping - Pick the one option that  a. I maintain my house/apartment by n  b. I am fully able to do housekeeping, I  c. I only perform light daily tasks (wash	nyself or only need	occasiona			st mont	h or so).
	d. I perform some light tasks, but have			ean			
	e. I need help with all housekeeping ta	sks					
2.	Managing finances - Pick the one option  a. I manage all of my finances (check of		_	-		e last mo	onth or so).
	O b. I am able to handle my own finances	s, but someone els	e does ther	n for me			
	C. I manage routine small purchases, b	ut need help with	banking, ch	ecking ar	nd balancing a	accounts	
	O d. I am not able to handle money accur	rately					
3.	Buying Groceries - Pick the one option t  a. I create my own grocery list and do		es your ab	ility leve	NOW (in the	e last mo	onth or so)
	O b. I am able to create my own grocery	list and do my owr	shopping,	but some	one else doe	s it for me	Э
	c. I need occasional assistance in buyi	ng groceries					
	O d. I need someone else to do my groce	ery shopping for m	Э				

4. Cooking - Pick the one option that best describes your ability level NOW (in the last month or so).  ———————————————————————————————————
○ b. I am able to plan, prepare, and serve my own meals but someone else does it for me
c. I prepare meals if someone else provides me with the right ingredients
d. I heat and serve meals provided by others
e. I need to have meals prepared and served to me
<ul> <li>5. Planning social activities - Pick the one option that best describes your ability level NOW (in the last month or so).</li> <li>a. I frequently initiate and plan social activities (e.g., going out, having a party)</li> </ul>
b. I rarely initiate and plan social activities
<ul><li>○ c. I do not plan and initiate social activities</li></ul>
<ul> <li>6. Understanding reading materials/TV - Pick the one option that best describes your ability level NOW (in the last month or so).</li> <li>a. I understand reading materials (e.g., novels, newspaper) and TV (plots, etc.) without difficulty</li> </ul>
○ b. I have occasional difficulty understanding reading materials or TV
<ul><li>○ c. I have frequent difficulty understanding reading materials or TV</li></ul>
<ul><li>○ d. I am unable to understand reading materials or TV</li></ul>
7. Transportation - Pick the one option that best describes your ability level NOW (in the last month or so).
<ul> <li>○ b. I arrange my own travel using taxis, but do not drive or use public transportation</li> </ul>
c. I can travel on public transportation or use taxis if I am assisted by another
d. I am entirely dependent on others to take me where I need to go
8. Using the telephone - Pick the one option that best describes your ability level NOW (in the last month or so a. I do not have access to a telephone
<ul><li>○ b. I handle using the telephone without difficulty (looking up and dialing new numbers, etc.)</li></ul>
C. I only dial a few well-known numbers
d. I answer the telephone, but do not dial
e. I do not use the telephone at all

9.	Home repairs - Pick the one option that best describes your ability level NOW (in the last month or so).  a. I handle most minor home repairs (plumbing, gardening)
	b. I am capable of making minor repairs but choose not to
	C. I need assistance with most minor home repairs
	Od. I am unable to do most repairs by myself
10.	Bathing - Pick the one option that best describes your ability level NOW (in the last month or so).
	b. I need occasional assistance with bathing (getting in and out of the tub/shower etc.)
	C. I always need help from others when bathing
11.	Dressing - Pick the one option that best describes your ability level NOW (in the last month or so).
	b. I dress myself, but someone else must pick out my clothes for me
	c. I need occasional assistance getting dressed or frequently make mistakes in choosing clothes
	d. I need frequent assistance in getting dressed
12.	Shopping (e.g., clothes, other non-food goods) - Pick the one option that best describes your ability level NOW (in the last month or so).
12.	NOW (in the last month or so).
12.	NOW (in the last month or so).  a. I take care of all of my shopping needs
12.	NOW (in the last month or so).  a. I take care of all of my shopping needs  b. I am able to shop, but choose to have someone else do my shopping for me
12.	NOW (in the last month or so).  a. I take care of all of my shopping needs  b. I am able to shop, but choose to have someone else do my shopping for me  c. I only make small purchases
	NOW (in the last month or so).  a. I take care of all of my shopping needs  b. I am able to shop, but choose to have someone else do my shopping for me  c. I only make small purchases  d. I need someone to go with me on any shopping trip
	NOW (in the last month or so).  a. I take care of all of my shopping needs  b. I am able to shop, but choose to have someone else do my shopping for me  c. I only make small purchases  d. I need someone to go with me on any shopping trip  e. I am unable to shop  Laundry - Pick the one option that best describes your ability level NOW (in the last month or so).
	NOW (in the last month or so).  a. I take care of all of my shopping needs  b. I am able to shop, but choose to have someone else do my shopping for me  c. I only make small purchases  d. I need someone to go with me on any shopping trip  e. I am unable to shop  Laundry - Pick the one option that best describes your ability level NOW (in the last month or so).  a. I do all of my own laundry
	NOW (in the last month or so).  a. I take care of all of my shopping needs  b. I am able to shop, but choose to have someone else do my shopping for me  c. I only make small purchases  d. I need someone to go with me on any shopping trip  e. I am unable to shop  Laundry - Pick the one option that best describes your ability level NOW (in the last month or so).  a. I do all of my own laundry  b. I am able to do my own laundry, but choose to have others do it for me
	NOW (in the last month or so).  a. I take care of all of my shopping needs  b. I am able to shop, but choose to have someone else do my shopping for me  c. I only make small purchases  d. I need someone to go with me on any shopping trip  e. I am unable to shop  Laundry - Pick the one option that best describes your ability level NOW (in the last month or so).  a. I do all of my own laundry  b. I am able to do my own laundry, but choose to have others do it for me  c. I need occasional help in doing the laundry

	aking/keeping track of medication - Pick the one option that best describes your ability level NOW (in ne last month or so).  a. I take sole responsibility for taking medications in correct dosages at the correct time
	b. I am able to take care of my own medications, but choose to have someone else do it for me
	c. I take medications that are prepared in individual doses by someone else
	d. I am unable to track my own medications
	child Care - Pick the one option that best describes your ability level NOW (in the last month or so). If ou do not have children, mark option (a).  a. I do not have children
	b. I am fully able to handle the care of my children
	c. I need occasional assistance in caring for my children
	d. I need constant assistance in caring for my children
h	Vork - Pick the one option that best describes your ability level NOW (in the last month or so). If you ave retired and are no longer paid to work, mark option (a). If you have retired but still get paid to rork, choose one of options (b), (c), (d) or (e).  a. I am retired
	b. I am efficient at work
	c. I am not very efficient at work and have difficulty maintaining attention or finishing tasks
	d. I am having a great deal of difficulty in maintaining attention or finishing tasks at work
	e. I am no longer able to work
<b>17.</b> I 1	feel that the difficulties that I am having on the above tasks, if any, are due to  a. I am not having any difficulties on the previous tasks
	b. Primarily cognitive problems (for example, thinking, memory, paying attention)
	c. Primarily physical problems (for example, fatigue, feeling sick)
	d. Equally cognitive and physical problems
di (a (b	you are having more difficulty than you used to with the above tasks, approximately when did the ifficulties begin?  I am not having any difficulties  O Within the last month  O 2 to 5 years ago O 1 to 6 months ago  O More than 5 years ago