



Form B7: FUNCTIONAL ASSESSMENT – NACC Functional Assessment Scale (FAS¹)

In-person Remote Not completed _____

(Reason not completed: 95=Physical problem, 96=Cognitive/behavioral problem, 97=Other, 98=Verbal refusal)

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / ____

Visit #: _____ Examiner's initials: _____ Language: English Spanish

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on information provided by the co-participant. For further information, see UDS Coding Guidebook for Initial Visit Packet, Form B7. Indicate the level of performance for each activity by checking the one appropriate response.

| In the past four weeks, did the subject have difficulty or need help with: | Not applicable (e.g., never did) | Normal | Has difficulty, but does by self | Requires assistance | Dependent | Unknown |
|--|-------------------------------------|----------------------------|----------------------------------|----------------------------|----------------------------|----------------------------|
| 1. Writing checks, paying bills, or balancing a checkbook | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 2. Assembling tax records, business affairs, or other papers | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 3. Shopping alone for clothes, household necessities, or groceries | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 4. Playing a game of skill such as bridge or chess, working on a hobby | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 5. Heating water, making a cup of coffee, turning off the stove | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 6. Preparing a balanced meal | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 7. Keeping track of current events | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 8. Paying attention to and understanding a TV program, book, or magazine | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 9. Remembering appointments, family occasions, holidays, medications | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |
| 10. Traveling out of the neighborhood, driving, or arranging to take public transportation | <input type="checkbox"/> 8 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 9 |

¹Adapted from table 4 of Pfeffer RI, Kurosaki TT, Harrah CH, et al. Measurement of functional activities of older adults in the community. J Gerontol 37:323–9, 1982. Copyright© 1982. The Gerontological Society of America. Reproduced by permission of the publisher.