

**NACC Uniform Data Set (UDS)  
 Follow-up Form B7: Functional Assessment – Functional Assessment Questionnaire (FAQ<sup>1</sup>)**

Center: \_\_\_\_\_ ADC Subject ID: \_\_\_\_\_ Form Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ADC Visit #: \_\_\_\_\_

**NOTE: This form is to be completed by the clinician or other trained health professional, based on information provided by informant. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B7. Indicate the level of performance for each activity by circling the one appropriate response.** Examiner's initials: \_\_\_\_\_

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

<sup>1</sup> 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.