



**Form B7: FUNCTIONAL ASSESSMENT – NACC Functional Assessment Scale (FAS<sup>1</sup>)**

ADRC: \_\_\_\_\_ PTID: \_\_\_\_\_ Form date: \_\_\_/\_\_\_/\_\_\_\_ Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ___ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video <input type="checkbox"/> 0 Not completed (reason): ___ ___	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other	Key (not completed reason): 95=Physical problem 96=Cognitive/behavioral problem 97=Other 98=Verbal refusal
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**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 Form B7](#). Indicate the level of performance for each activity by checking the one appropriate response.

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

<sup>1</sup>Adapted 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.