

Functional Activities Questionnaire

In the past 4 weeks, did the patient have any difficulty or need help with:	Not applicable	Normal	Has difficulty, but does by self	Requires assistance	Dependent
1. Writing checks, paying bills, or keeping financial records					
2. Assembling tax records, business affairs, or papers					
3. Shopping alone for clothes, household necessities, or groceries					
4. Playing a game of skill or working on a hobby					
5. Heating water, making a cup of coffee, or turning off the stove					
6. Preparing a balanced meal					
7. Keeping track of current events					
8. Paying attention to, understanding, or discussing a TV program, book, or magazine					
9. Remembering appointments, family occasions, holidays, or medications					
10. Traveling out of the neighborhood, driving, or arranging to take busses					

Adapted from: Pfeffer RI, Kurosaki TT, Harrah CH, Chance JM, Filos S. Measurement of functional activities in older adults in the community. *J Gerontol.* 1982 May;37(3):323-329 by permission of the Gerontological Society of America.