

FA - COMS

ACTIVITIES OF DAILY LIVING

1	2	1
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3	2
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SUBJECT ID

VISIT NO

INITIALS

SITE NO

VISIT DATE

MM

DD

YYYY

OFFICE USE ONLY

D. If the subject could not complete this test indicate why:

4 = Subject refused to complete trial.

5 = Other, specify _____

D.

C. Respondent:

(1 = Subject, 2 = Family/Spouse/Caregiver, 3 = Subject and Family)

C.

ACTIVITIES OF DAILY LIVING (Ideally these questions should be ascertained from the family/ spouse/caregiver – indicate above who provided responses. If subject and family both and there is disagreement – use family score. Increments of 0.5 may be used if strongly felt that a task falls between 2 scores)

1. Speech

0 = Normal.

1 = Mildly affected. No difficulty being understood.

2 = Moderately affected. Sometimes asked to repeat statements.

3 = Severely affected. Frequently asked to repeat statements.

4 = Unintelligible most of the time.

1. .

2. Swallowing

0 = Normal.

1 = Rare choking (less than once a month).

2 = Frequent choking (less than once a week, greater than once a month).

3 = Requires modified food or chokes multiple times a week. Or subject avoids certain foods.

4 = Requires NG tube or gastrostomy feedings.

2. .

3. Cutting Food and Handling Utensils

0 = Normal.

1 = Somewhat slow and clumsy, but no help needed.

2 = Clumsy and slow, but can cut most foods with some help needed. Or needs assistance when in a hurry.

3 = Food must be cut by someone, but can still feed self slowly.

4 = Needs to be fed.

3. .

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4. Dressing 4. .
 0 = Normal.
 1 = Somewhat slow, but no help needed.
 2 = Occasional assistance with buttoning, getting arms in sleeves, etc. or has to modify activity in some way (e.g. Having to sit to get dressed; use velcro for shoes, stop wearing ties, etc.).
 3 = Considerable help required, but can do some things alone.
 4 = Helpless.
5. Personal Hygiene 5. .
 0 = Normal.
 1 = Somewhat slow, but no help needed.
 2 = Very slow hygienic care or has need for devices such as special grab bars, tub bench, shower chair, etc.
 3 = Requires personal help with washing, brushing teeth, combing hair or using toilet.
 4 = Fully dependent (bed-bound).
6. Falling (assistive device = score 3) 6. .
 0 = Normal.
 1 = Rare falling (less than once a month).
 2 = Occasional falls (once a week to once a month).
 3 = Falls multiple times a week or requires device to prevent falls.
 4 = Unable to stand or walk.
7. Walking (assistive device = score 3) 7. .
 0 = Normal.
 1 = Mild difficulty, perception of imbalance.
 2 = Moderate difficulty, but requires little or no assistance.
 3 = Severe disturbance of walking, requires assistance or walking aids.
 4 = Cannot walk at all even with assistance (wheelchair bound).
8. Quality of Sitting Position 8. .
 0 = Normal.
 1 = Slight imbalance of the trunk, but needs no back support.
 2 = Unable to sit without back support.
 3 = Can sit only with extensive support (Geriatric chair, posy, etc.).
 4 = Unable to sit.
9. Bladder Function (if using drugs for bladder, automatic score of 3) 9. .
 0 = Normal.
 1 = Mild urinary hesitance, urgency or retention (less than once a month).
 2 = Moderate hesitance, urgency, rare retention/incontinence (greater than once a month, but less than once a week).
 3 = Frequent urinary incontinence (greater than once a week).
 4 = Loss of bladder function requiring intermittent catheterization/indwelling catheter.