A. Physical Activity

1. In comparison with others of your own age, do you think your physical activity during leisure time is:

   A. Much Less .............................................. A
   B. Less ....................................................... B
   C. The same................................................... C
   D. More ......................................................... D
   E. Much More ................................................ E

B. Functional Status

2. Are you able to do your usual activities, such as work around the house or recreation?

   Yes......................................................... 1
   No.......................................................... 0

3. Are you able to walk half a mile without help? That's about 8 ordinary blocks.

   Yes......................................................... 1
   No.......................................................... 0

4. Are you able to walk up and down stairs without help?

   Yes......................................................... 1
   No.......................................................... 0

5. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors, without help?

   Yes......................................................... 1
   No.......................................................... 0
C. Falls

“Next I will ask you about falls you may have experienced during the past 12 months.”

6. In the past 12 months did you fall?
   
   Yes ........................................ A
   No.......................................... B
   Do not remember ................. C

7. In the past 12 months, how many times did you fall?
   
   1 ............................................    A
   2 ............................................    B
   3 ............................................    C
   4 ............................................    D
   5 ............................................    E
   6 or more ...............................    F
   Do not remember ..................    G

D. Living Arrangements

“Now I would like to ask you a question about your living arrangements.”

8. Do you currently live with anyone, such as a family member or a friend, or do you live alone?
   
   A. I live with someone ...........    A
   B. I live alone......................... B
   C. Refused ............................    C

E. Time Spent Watching TV

9. How often during a day do you watch TV?
   
   A. Never ................................ A
   B. Seldom..............................     B
   C. Sometimes........................     C
   D. Often .................................    D
   E. Very often .........................     E

F. Social Support

10. Can you count on anyone to help you when you need to make difficult decisions or talk over problems?
   
   Yes.......................................... 1
   No.......................................... 0

11. Can you count on anyone to help you with daily tasks like grocery shopping, housecleaning, cooking, telephoning, or giving you a ride?
   
   Yes.......................................... 1
   No.......................................... 0
G. Cognitive Complaints

“In the next two questions we would like to ask you about your memory.”

12. Do you feel as if your memory is becoming worse?
   
   Yes ........................................ A
   No.......................................... B
   Do not know .......................... C
   
13. Does this worry you?
   
   Yes ........................................ A
   No.......................................... B
   Do not know .......................... C

H. ADMINISTRATION INFORMATION

14. sAF General Interview Questions Completion Status:
   A. Complete ..................................................................................... A
   B. Partially complete; contact again within window (interruptions)... B
   C. Partially complete; unable to complete within window (done) ..... C