

# Functional Activities Questionnaire

## Administration

Ask informant to rate patient's ability using the following scoring system:

- Dependent = 3
- Requires assistance = 2
- Has difficulty but does by self = 1
- Normal = 0
- Never did [the activity] but could do now = 0
- Never did and would have difficulty now = 1

|  |  |
|--|--|
| Writing checks, paying bills, balancing checkbook                  |  |
| Assembling tax records, business affairs, or papers                |  |
| Shopping alone for clothes, household necessities, or groceries    |  |
| Playing a game of skill, working on a hobby                        |  |
| Heating water, making a cup of coffee, turning off stove after use |  |
| Preparing a balanced meal  |  |
| Keeping track of current events                                    |  |
| Paying attention to, understanding, discussing TV, book, magazine  |  |
| Remembering appointments, family occasions, holidays, medications  |  |
| Traveling out of neighborhood, driving, arranging to take buses    |  |
| <b>TOTAL SCORE:</b>  |  |

## Evaluation

Sum scores (range 0-30). Cutpoint of 9 (dependent in 3 or more activities) is recommended to indicate impaired function and possible cognitive impairment.