

The University of Iowa College of Nursing
Alzheimer's Family Role Trials Study

Functional Abilities Checklist

Resident Name: _____ I.D.# _____ Date: _____
(4-9) (10-13)

Directions:

Circle one rating for each item: 1 = never
2 = seldom (less than 7 times per week)
3 = frequently (daily)
4 = all of the time (multiple times per day)

Please note additional comments on the back page provided at the end of the checklist.

NOTE: When you complete the checklist, please refer only to behaviors of the patient that have occurred during the past week.

- | | | | | | |
|---|---|---|---|---|--------|
| 1. Has difficulty in completing simple tasks on own, e.g., dressing, bathing | 1 | 2 | 3 | 4 | (15) |
| 2. Requires supervision with eating | 1 | 2 | 3 | 4 | (16) |
| 3. Uses utensils when eating | 1 | 2 | 3 | 4 | (17) |
| 4. Eats food with fingers | 1 | 2 | 3 | 4 | (18) |
| 5. Eats without assistance
(If answer is "all of the time" skip #6) | 1 | 2 | 3 | 4 | (19) |
| 6. Won't allow assistance with eating | 1 | 2 | 3 | 4 | (20) |
| 7. Requires assistance maintaining appearance | 1 | 2 | 3 | 4 | (21) |
| 8. Requires assistance with toileting for bowel function | 1 | 2 | 3 | 4 | (22) |
| 9. Requires assistance with toileting for bladder function | 1 | 2 | 3 | 4 | (23) |
| 10. Urinates in places other than stool, commode or bedpan/urinal
(If wears adult briefs or has catheter circle 5) | 1 | 2 | 3 | 4 | 5 (24) |
| 11. Has difficulty sleeping at night | 1 | 2 | 3 | 4 | (25) |
| 12. Level of agitation increases at night | 1 | 2 | 3 | 4 | (26) |
| 13. Needs to be watched so doesn't injure self, e.g., by careless smoking, leaving the stove on, falling | 1 | 2 | 3 | 4 | (27) |

14. Destructive of materials around him, e.g., breaks furniture, throws food trays, tears up magazines	1	2	3	4	(28)
15. Accuses others of doing him bodily harm or stealing his possessions--when you are sure the accusations are not true	1	2	3	4	(29)
16. Threatens to harm others	1	2	3	4	(30)
17. Injures others	1	2	3	4	(31)
18. Invades privacy of others' possessions	1	2	3	4	(32)
19. Invades privacy of others' personal space	1	2	3	4	(33)
20. Removes clothing at inappropriate times	1	2	3	4	(34)
21. Has sudden changes of mood, e.g., gets upset, angered, or cries easily	1	2	3	4	(35)
22. Loses things	1	2	3	4	(36)
23. Becomes confused and does not know where he/she is	1	2	3	4	(37)
24. Has trouble remembering recent events	1	2	3	4	(38)
25. Has trouble remembering nonrecent events	1	2	3	4	(39)
26. Spends time either sitting or in apparently purposeless activity	1	2	3	4	(40)
27. Wanders at night	1	2	3	4	(41)
28. If left alone wanders aimlessly during the day	1	2	3	4	(42)

Primary Nurse ID# _____
(43-48)

Research staff ID# _____
(49-50)