OFFICE USE ONLY

D. If the subject could not complete this test indicate why:
   4 = Subject refused to complete trial.
   5 = Other, specify __________________________

C. Respondent:
   (1 = Subject, 2 = Family/Spouse/Caregiver, 3 = Subject and Family)

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.

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.

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.
4. Dressing
   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
   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)
   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)
   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
   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)
   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.