



MESA FU28 FAQ

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on information provided by the co-participant. For further information, see UDS Coding Guidebook for Initial Visit Packet, Form B7. Indicate the level of performance for each activity by checking the one appropriate response.

Introduction: I would like to ask you some questions about how Mr./Ms. _____ handles some common daily functions. Using the following responses, please choose the most accurate representation of his/her level of ability to perform each activity in the past 4 weeks.

- Normal;
- Has difficulty, but does by self;
- Requires assistance; or
- Dependent (meaning he/she cannot do it at all)

In the past four weeks, did the subject have difficulty or need help with:

	Not applicable (e.g. never did)	Normal	Has difficulty, but does by self	Requires assistance	Dependent	Unknown
1. Writing checks, paying bills, or balancing a checkbook	☐	☐	☐	☐	☐	☐
2. Assembling tax records business affairs, or other papers	☐	☐	☐	☐	☐	☐
3. Shopping alone for clothes, household necessities, or groceries	☐	☐	☐	☐	☐	☐
4. Playing a game of skill such as bridge or chess, working on a hobby	☐	☐	☐	☐	☐	☐
5. Heating water, making a cup of coffee, turning off the stove	☐	☐	☐	☐	☐	☐
6. Preparing a balanced meal	☐	☐	☐	☐	☐	☐
7. Keeping track of current events	☐	☐	☐	☐	☐	☐
8. Paying attention to and understanding a TV program, book, or magazine	☐	☐	☐	☐	☐	☐
9. Remembering appointments, family occasions, holidays, medications	☐	☐	☐	☐	☐	☐
10. Traveling out of the neighborhood, driving, or arranging to take public transportation	☐	☐	☐	☐	☐	☐