

Participant ID:

{pid}

Date of Visit:

{d_form}

Acrostic:

{acrostic}

Administered By:

{compby}

Visit Code:

{visit_code}

Barcode:

{barcode}

Pepper Assessment Tool for Disability (PAT-D)

WE WANT TO KNOW HOW WELL YOU CAN TAKE CARE OF YOURSELF AND DO THINGS BY YOURSELF. THESE QUESTIONS WILL ASK ABOUT THINGS THAT MOST PEOPLE DO OR HAVE DONE IN THE PAST. TELL ME THE PHRASE THAT BEST TELLS HOW YOU WERE ABLE TO DO THE DESCRIBED ACTIVITY IN THE PAST MONTH.

How much difficulty, if any, do you have with each of these activities? Think about the past month. How hard was it to do the activity because of your health?

1. Doing light housework (such as washing dishes, dusting, etc.)?

{housework}

- (0)
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

2. **Lifting heavy objects?**

{lift}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

3. **Participating in community activities such as religious services, social activities, or volunteer work?**

{community}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

4. **Walking one block?**

{walkone}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

5. **Lifting or carrying something as heavy as 10 pounds, such as a bag of groceries**

{lift10lbs}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

6. **Moving in and out of a chair?**

{chair}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

7. Managing your money, such as paying bills?

{money}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

8. Visiting with relatives or friends?

{visitfrnds}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

9. Moving in and out of a bed?

{bed}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

10. Gripping with your hands?

{grip}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

11. Using the telephone?

{telephone}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

12. Using the toilet including getting on and off of the toilet?

{toilet}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

13. Dressing yourself?

{dress}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

14. Getting in and out of a car?

{car}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

15. Bathing or showering?

{bathe}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

16. Taking care of a family member?

{takecare}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

17. Climbing several flights of stairs?

{climbsev}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

18. Climbing one flight of stairs?

{climbone}

- ()
- (1) Usually did with no
- (2) Usually did with a l
- (3) Usually did with so
- (4) Usually did with a l
- (5) Unable to do
- (6) Usually did not do

Pepper Assessment Tool for Disability (PAT-D)

PID:	ADMINISTERED BY:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACROSTIC:		
VISIT:		
DATE of VISIT:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	

WE WANT TO KNOW HOW WELL YOU CAN TAKE CARE OF YOURSELF AND DO THINGS BY YOURSELF. THESE QUESTIONS WILL ASK ABOUT THINGS THAT MOST PEOPLE DO OR HAVE DONE IN THE PAST. TELL ME THE PHRASE THAT BEST TELLS HOW YOU WERE ABLE TO DO THE DESCRIBED ACTIVITY IN THE PAST MONTH.

How much difficulty, if any, do you have with each of these activities? Think about the past month. How hard was it to do the activity because of your health?

	Usually did with no difficulty	Usually did with a little difficulty	Usually did with some difficulty	Usually did with a lot of difficulty	Unable to do	Usually did not do for other reasons
1. Doing light housework (such as washing dishes, dusting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lifting heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Participating in community activities such as religious services, social activities, or volunteer work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walking one block?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lifting or carrying something as heavy as 10 pounds, such as a bag of groceries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Moving in and out of a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Managing your money, such as paying bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Usually did with no difficulty	Usually did with a little difficulty	Usually did with some difficulty	Usually did with a lot of difficulty	Unable to do	Usually did not do for other reasons
8. Visiting with relatives or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Moving in and out of a bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Gripping with your hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Using the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Using the toilet including getting on and off of the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dressing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Getting in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Bathing or showering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Taking care of a family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Climbing several flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Climbing one flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>