

# MD Neurology

## Functional Activities Questionnaire (FAQ)\*

Informant's name: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:**

Check the column that best describes the patient's ability to perform the tasks listed below:

	Completely unable to perform task (3 points)	Requires assistance (2 points)	Has difficulty but accomplishes task, or has never done, but the informant feels could do task with difficulty (1 point)	Normal performance, or has never done task, but the informant feels the patient could do the task if necessary (0 points)
1. Writing checks, paying bills, balancing a checkbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assembling tax records, business affairs, or papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shopping alone for clothes, house-hold necessities, or groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Playing a game of skill, working on a hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Heating water, making a cup of coffee, turning off the stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Preparing a balanced meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Keeping track of current events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Paying attention to, under- standing, discussing a TV show, book, or magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Remembering appointments, family occasions, holidays, medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Traveling out of the neighborhood, driving, arranging to take buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Points per column:</b>	_____	_____	_____	_____

**Total points:** \_\_\_\_\_

\*Adapted and reprinted with permission from *J Gerontol* 1982;37(3):323-329.