

Functional Activities Questionnaire (FAQ)^{1*}

Informant's name: _____

Patient's name: _____

Date: _____

Instructions:

Place a check mark under 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 perfor- mance, 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	_____	_____	_____	_____
2. Assembling tax records, business affairs, or papers	_____	_____	_____	_____
3. Shopping alone for clothes, house- hold necessities, or groceries	_____	_____	_____	_____
4. Playing a game of skill, 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, under- standing, discussing a TV show, book, or magazine	_____	_____	_____	_____
9. Remembering appointments, family occasions, holidays, medications	_____	_____	_____	_____
10. Traveling out of the neighborhood, driving, arranging to take buses	_____	_____	_____	_____
<i>Points per column</i>	_____	_____	_____	_____
			Total points	_____

*Adapted and reprinted with permission from *J Gerontol.* 1982;37(5):525-529.