

These questions refer to your activities just within the past month

| Life-space level | | Frequency | Independence |
|--|-----------------|---|---|
| During the past four weeks, have you been to... | | How often did you get there ? | Did you use aids or equipment ? Did you need help from another person ? |
| Level 1 Other rooms of your home besides the room where you sleep ? | 1. Yes 2. No | 1. Less then 1/week 2. 1-3 times/week 3. 4-6 times/week 4. Daily | 1. Personal assistance 2. Equipment only 3. No equipment or personal assistance |
| Level 2 An area outside your home, such as your porch, deck or patio, hallway (of an apartment building) or garage, In your own yard or driveway ? | 1. Yes 2. No | 1. Less then 1/week 2. 1-3 times/week 3. 4-6 times/week 4. Daily | 1. Personal assistance 2. Equipment only 3. No equipment or personal assistance |
| Level 3 Places in your neighborhood, other than your own yard or apartment building ? | 1. Yes 2. No | 1. Less then 1/week 2. 1-3 times/week 3. 4-6 times/week 4. Daily | 1. Personal assistance 2. Equipment only 3. No equipment or personal assistance |
| Level 4 Places outside your neighborhood but within your town ? | 1. Yes 2. No | 1. Less then 1/week 2. 1-3 times/week 3. 4-6 times/week 4. Daily | 1. Personal assistance 2. Equipment only 3. No equipment or personal assistance |
| Level 5 Places outside your town ? | 1. Yes 2. No | 1. Less then 1/week 2. 1-3 times/week 3. 4-6 times/week 4. Daily | 1. Personal assistance 2. Equipment only 3. No equipment or personal assistance |