

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 than 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 than 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 than 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 than 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 than 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