Part 3  Activity 2 - Dressing and undressing

This is about the act of changing between nighttime and daytime clothes. Please answer this section as if you are using your normal aids and appliances such as long handled shoehorn.

If you are only able to do this with somebody to supervise, guide or encourage you or you need somebody to select clothes because you are unable to see, please answer as though you are not able to dress or undress, if this is the case, please tick this box.

Do you need help with dressing and undressing?

No  ☐  Go to page 9.

Yes  ☐  Tick one of the boxes below, which is closest to your needs.

1. You need help from somebody else with all aspects of dressing and undressing

2. You need help from somebody else with most aspects of dressing and undressing, but you are able to physically help

3. You are able to dress and undress, but need help from another person with certain awkward garments.

4. You are able to dress but need help from somebody else to check your appearance.

5. You are able to dress and undress, but need help from another person with small buttons and laces

6. You are able to dress and undress without help

Use the box below to add anything about the problems you have with dressing and undressing. Please give details of any aids and appliances you use.
Part 3 Activity 3 - Washing and bathing

This is about being able to get into and out of the bath or shower, turn a shower on and off and washing and drying yourself. Please answer this section as if you are using your normal aids and appliances such as special taps.

If you can only do things with somebody else to supervise, guide or encourage you, please answer as though you are not able to manage. If this is the case, please tick this box as well as one of the boxes below.

Do you need help with washing and bathing?  
No [ ] Go to page 10.  
Yes [ ] Tick one of the boxes below, which is closest to your needs.

1. You are unable to wash or bathe and you need help to be bed bathed by somebody else. [ ]

2. You are able to wash your hands and face on your own, but you need help from somebody else to wash more extensively, or to wash your hair or give you a shave. [ ]

3. You are able to wash and shower yourself, but need help from somebody else to get in and out of the bath. [ ]

4. You are able to wash and shower yourself, but need somebody else to check that you have done it properly. [ ]

5. You are able to wash and shower yourself, but can only use the bath with a special seat and/or aids to get in or out of it. [ ]

6. You can wash and take a bath without help. [ ]

Use the box below to add anything about the problems you have with washing and bathing. Please give details of any aids and appliances you use.

For research purposes only
This is about getting on and off the toilet or commode, using a urine bottle, wiping and cleaning yourself, dealing with menstruation and dealing with incontinence pads. It is not about getting to and from the toilet.

If you can only do these things if somebody is supervising you or if somebody has to tell you to do them then you should tick as if you are unable to do them. If this is the case, please tick this box as well as one of the boxes below.

Incontinence includes having accidents because of the need to go to the toilet frequently or not being able to control yourself until you reach the toilet.

Do you need help with your toilet needs?  

No  [ ] Go to page 11.

Yes  [ ] Tick one of the boxes below, which is closest to your needs.

1. You are incontinent of both urine and faeces, and dependent on incontinence pads and the help of somebody else.

2. You are incontinent of either urine or faeces, and dependent on incontinence pads and the help of somebody else.

3. You are dependant on a colostomy bag, or similar item that leaks frequently, and you need the help of somebody else dealing with the leaks.

4. You are continent of urine and faeces, but need help from another person with all aspects of using the toilet or commode.

5. You need somebody to get you on and off the toilet, but can deal with your clothes and wipe yourself unaided.

6. You are able to get on and off the toilet on your own but you need help with your clothes or with wiping, or you are dependent on a colostomy bag, or similar item, and need help to change the bag.

7. You are able to use the toilet without help from anyone else, but only with special adaptations to the bathroom or toilet, like rails or a special seat.

8. You are able to use the toilet without any help.

Use the box below to add anything about the problems you have with your toilet needs. Please give details of any aids and appliances you use.
Part 3 Activity 5 - Getting in or out and turning in bed

Do you need help with getting into, out of or turning in bed?

No ☐ Go to page 12.

Yes ☐ Tick one of the boxes below, which is closest to your needs.

1. You are completely bed bound and need help from somebody else to turn in bed.

2. You are not completely bed bound but you need help from somebody else to turn in bed.

3. You are able to turn in bed, but you need help from somebody else to get in and out.

4. You are able to get into and turn in bed, but you need help from somebody else to get out of bed.

5. You are able to get into and turn in bed, but you need help from special aids, or some other form of assistance. For example, leaning on furniture to get out of bed.

6. You are able to get into and out of bed and turn in bed without help.

Use the box below to add anything about the problems you have with getting into, out of bed or turning in bed. Please give details of any aids and appliances you use.
Part 3 Activity 6 - Mobility

This is about being able to get about both inside and outside your home with any aids and appliances you normally use. Please take account of difficulties you have because of your physical problems with walking.

When you estimate how far you can walk you should take account of the time it takes you, if you walk normally, if you suffer pain, fatigue or breathlessness, how consistently you can walk that distance and how much help you need from somebody else.

Use box at the bottom of this page to explain if necessary.

Do you need help with walking?

No ☐ Go to page 13.

Yes ☐ Tick one of the boxes below.

1. You are not able to walk at all.

2. You can only walk a few steps.

3. You are able to walk but no more than about 50 metres on level ground.

4. You are able to walk but no more than about 200 metres on level ground.

5. You are able to walk more than 200 metres on level ground.

Use the box below to add anything about the problems you have with walking, such as the time taken. Please give details of any aids and appliances you use.

For research purposes only
This is about being able to stand up after you have been sitting for about 15 minutes. It is not about being able to remain standing or remain in a sitting position for any length of time.

By a normal chair we mean an upright chair with arms and with a hard back.

Do you need help with rising and sitting?  

No  [ ] Go to page 14.

Yes  [ ] Tick one of the boxes below, which is closest to your needs.

1. You are not able to rise and sit using any sort of chair unless you have help from somebody else.

2. You are not able to rise and sit using a normal chair without help. You can sit in a raised chair without help, but you need help from somebody else to rise.

3. You are not able to rise and sit using a normal chair without help from somebody else, but you are able to rise and sit using a raised chair.

4. You are able to sit in a normal chair, but you need help from somebody else to rise.

5. You do not need any help with rising and sitting.

Use the box below to add anything about the problems you have with rising and sitting. Please give details of any aids and appliances you use.
Part 3 Activity 8 - Fits or blackouts requiring supervision by somebody else

This is about sudden losses or changes to your consciousness for any reason.

Do you need help with fits or blackouts?  

No □ Go to page 15.

Yes □ Tick one of the boxes below, which is closest to your needs.

1. You have fits or blackouts that occur without warning every day.  
   You also have a history of injury and/or your behaviour is unpredictable and dangerous either before or after the fit or blackout.

2. You have fits or blackouts that occur without warning at least once a week, but not on a daily basis. You also have a history of injury and/or your behaviour is unpredictable and dangerous either before or after the fit or blackout.

3. You have fits or blackouts that occur without warning at least once a month, but not weekly. You also have a history of injury and/or your behaviour is unpredictable and dangerous either before or after the fit or blackout.

4. You have fits or blackouts that occur with a warning at least daily.  
   You also have a history of injury and/or your behaviour is unpredictable and dangerous either before or after the fit or blackout.

5. You have fits or blackouts that occur without warning less than monthly, or with warning less than daily. Or you have fits at any time but you have no history of injury and/or your behaviour is not unpredictable and dangerous either before or after the fit or blackout.

If you have ticked boxes 1, 2, 3 or 4 please use the box below to tell us what injury you have received because of a fit or blackout. Also tell us about any examples of unpredictable or aggressive behaviour, or anything else about the problems you have with fits or blackouts.

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For research purposes only