

Participant ID					

Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Baseline Nottingham Extended Activities of Daily Living Scale

Please answer the following questions. Read them through carefully before answering.

Use a tick in the appropriate box to mark your answer. Only tick one box for each question.

	On my own	On my own with difficulty	With help	Not at all
Mobility				
Do you walk around outside?				
Do you climb stairs?				
Do you get in and out of the car?				
Do you walk over uneven ground?				
Do you cross roads?				
Do you travel on public transport?				

Participant ID

--	--	--	--	--	--

Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

In the kitchen	On my own	On my own with difficulty	With help	Not at all
Do you manage to feed yourself?				
Do you manage to make yourself a hot drink?				
Do you take hot drinks from one room to another?				
Do you do the washing up?				
Do you make yourself a hot snack?				
Domestic tasks	On my own	On my own with difficulty	With help	Not at all
Do you manage your own money when you are out?				
Do you wash small items of clothing?				
Do you do your own housework?				
Do you do your own shopping?				
Do you do a full clothes wash?				

Participant ID					

Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

		On my own with difficulty	With help	Not at all
Leisure activities	On my own			
Do you read newspapers or books?				
Do you use the telephone?				
Do you write letters?				
Do you go out socially?				
Do you manage your own garden?				
Do you drive a car?				