



pathways

a study of
breast cancer
survivorship

Physiology of Aging Questionnaire
(for participants ages 65 years and older)

If you have any questions about this form please
call the Pathways Study Coordinating Center.
Toll-free number: 1-866-206-2979

BAGE_INTVWRID

INTERVIEWER ID:

DATE: / /

MONTH DAY YEAR
BAGE_MO BAGE_DAY BAGE_YR

TIME BEGAN: : **BAGE_BG_AMPM**
1☐AM 0☐PM
BAGE_BG_HR BAGE_BG_MIN

TIME ENDED: : **BAGE_END_AMPM**
1☐AM 0☐PM
BAGE_END_HR BAGE_END_MIN

QUESTIONNAIRE COMPLETED: **BAGE_COMPLETE**

1☐YES

0☐NO

COMMENTS: _____

November 2009 Version

ENROLLMENT ID LABEL

STUDY ID BARCODE LABEL

FOR OFFICE USE:

CODER ID:

CODING DATE: _____

REVIEWER ID:

REVIEW DATE: _____

COMMENTS: _____

DATA ENTRY DATE: _____

COMMENTS: _____

Timed Get Up and Go

Modified from: Podsiadlo D, Richardson S. J Am Geriatr Soc, 1991

A1. **INTERVIEWER ASSESSMENT 1: Are there any major safety reasons to avoid administration of this measure?** [BAGE_SAFETY](#)

0 ☐ NO1 ☐ YES →

A2. Reasons: (check all that apply)

1 ☐ INTERVIEW SPACE IS UNSUITABLE (too small-- less than 8 ft of available space; uneven flooring) **SKIP to B1 on Page 6** [BAGE_SPACE](#)1 ☐ SUITABLE CHAIR UNAVAILABLE (has wheels; too soft; not straight-backed; improper height) **SKIP to B1 on Page 6** [BAGE_CHAIR](#)1 ☐ PARTICIPANT UNABLE TO WALK (Complete A10 as 'Attempted, could not or did not complete') [BAGE_UNABLEWALK](#)1 ☐ PARTICIPANT UNABLE TO STAND/SIT WITHOUT ASSISTANCE (Complete A10 as 'Attempted, could not or did not complete')1 ☐ PARTICIPANT REFUSED **SKIP to B1 on Page 6** [BAGE_REF](#)1 ☐ OTHER: [BAGE_SAFETY_OTH](#)

(have interviewer note here if she is not comfortable and reason)

[BAGE_SAFETY_OTH](#) CODE

CODE:

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SCRIPT

Now, we will move into the next procedure, which is a measure of mobility. In this measure, I am going to observe how you get up from a chair, walk a short distance, and sit down.

(ONLY READ IF WALKING AID IS USED): If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it.

Before we begin, I need to ask you a few questions to see that you are comfortable with this portion of the interview.

A4. Do you feel comfortable walking in the shoes that you currently have on? [BAGE_SHOES](#)

1 ☐ YES0 ☐ NO →9 ☐ REFUSED →

A5. Can you change into a pair of shoes you feel comfortable walking in?

[BAGE_CHANGE_SHOES](#)1 ☐ YES GO TO SCRIPT ON NEXT PAGE.0 ☐ NO **SKIP TO B1 ON PAGE 6:** Thank you. We will skip this part and go to the next section.

SKIP TO B1 ON PAGE 6: Thank you. We will skip this part and go to the next section.

M: ☐ A1 ☐ A2 ☐ A3 ☐ A4 ☐ A5

SCRIPT (IF INTERVIEW IS AT A KAISER FACILITY, GO TO **SCRIPT** ON NEXT PAGE).

In order to set up a 10 foot long course for you to follow, I will need to use painter's masking tape to mark 0 and 10 feet on the floor. The masking tape is a very mild adhesive and is meant to stick to painted walls without harming the paint. **Note: If less than 10 ft please set up an 8 ft course.

A6. Is it okay to place two small pieces of tape on your floor? I will remove the tape when we are finished.

[BAGE_TAPEMARKS](#)

1 ☐ YES

0 ☐ NO

9 ☐ REFUSED

SKIP TO B1 ON PAGE 6: Thank you. We will skip this part and go to the next section.

**** A6a. Please write length of course in this space if less than 10 feet:** [BAGE_LENGTH](#)

A7. **INTERVIEWER ASSESSMENT 2: Are there any items in the path, such as magazines or small footstools that need to be moved?** [BAGE_ITEMSONPATH](#)

0 ☐ NO

1 ☐ YES

SKIP TO **SCRIPT ON NEXT PAGE**

A8. Is it alright if I move this/these <ITEM(s)> before setting up the course? I want to make sure that we have a safe path to walk. I'll put them back when we are done. [BAGE_MOVEITEMS](#)

1 ☐ YES

0 ☐ NO

9 ☐ REFUSED

SKIP TO B1 ON PAGE 6: Thank you. We will skip this part and go to the next section.

M: ☐A6 ☐A7 ☐A8

SCRIPT

Now I'll begin to set the course. **(SET UP COURSE)**. When you are walking this course, it is very important that you walk at a normal pace, just as if you were walking down the sidewalk to go to the store. Although I will be using a stopwatch to time your walk, this is not a race.

- o First, I'll ask you to sit in this chair and line your toes up with the edge of the tape.
- o Next I will ask you to place your arms across your chest and rise from the chair.
- o Then I will ask you to walk this course at your usual speed.
- o Please drop your hands to your sides while you are walking.
- o Walk all the way to the end of the tape and make sure that one foot crosses the tape.
- o Once one foot has crossed the tape, turn around and walk back.
- o When you return to the chair, please cross your arms over your chest and sit back down.
- o You will stand up and sit back down on your own, but I will walk with you. I will be following just a little bit behind you, to your right/left side.
- o We will do this twice; the first time will be practice. When I want you to start, I will say "Ready, begin."
- o Now that I have explained how to walk the course, let me demonstrate.

DEMONSTRATE

[talk through the demonstration to reiterate: first, place toes on the line; second, cross arms over chest; third, stand up; fourth, walk forward; fifth, drop arms; sixth, pass the line and turn around; seventh, walk back; eighth, cross arms again and sit down in your chair.]

A9. Are you comfortable walking this course? [BAGE_COMFORT_WALK](#)

1 ☐ YES

0 ☐ NO

9 ☐ REFUSED

SKIP TO B1 ON PAGE 6: Thank you. We will skip this part and go to the next section.

SCRIPT

Wonderful, let's start. Please sit down, place your toes on the tape, and cross your arms. Ready, begin.

(ONLY READ IF ARMS REMAIN CROSSED AFTER STANDING): You may uncross your arms.

A10. First trial:

[BAGE_TRIAL1_MIN](#)

[BAGE_TRIAL1_MILLISEC](#)

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MINUTES SECONDS MILLISECONDS

[BAGE_TRIAL1_SEC](#)

1 ☐ PARTICIPANT'S FOOT DID NOT FULLY CROSS THE 10 FOOT MARK [BAGE_TRIAL1_FOOTCROSS](#)

1 ☐ ATTEMPTED, COULD NOT OR DID NOT COMPLETE (includes using chair arms to stand up/sit down, or unable to walk or unable to stand/sit without assistance) [BAGE_TRIAL1_NOTCOMPLETE](#)

1 ☐ REFUSED [BAGE_TRIAL1_REF](#)

M: ☐ A9 ☐ A10

SCRIPT

Would you like to take a break before you walk the course again? (IF REQUESTED, ALLOW SHORT BREAK). Let's go ahead with the second try. Place your toes on the tape, cross your arms. Ready, begin.

(ONLY READ IF ARMS REMAIN CROSSED AFTER STANDING): You may uncross your arms.

A11. Second trial:

BAGE_TRIAL2_MIN

BAGE_TRIAL2_MILLISEC

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MINUTES SECONDS MILLISECONDS

BAGE_TRIAL2_SEC

1 ☐ PARTICIPANT'S FOOT DID NOT FULLY CROSS THE 10 FOOT MARK BAGE_TRIAL2_FOOTCROSS

1 ☐ ATTEMPTED, DID NOT COMPLETE (includes using chair arms to stand up/sit down) BAGE_TRIAL2_NOTCOMPLETE

1 ☐ REFUSED BAGE_TRIAL2_REF

A12. **INTERVIEWER ASSESSMENT 3:** Did the participant walk with an assistive device? BAGE_ASSISTIVEDEV

1 ☐ NO

2 ☐ YES

9 ☐ REFUSED

A13. What kind of device did the participant use to walk?

BAGE_TYPEDEV_CODE

8 ☐ DON'T KNOW BAGE_TYPEDEV_DK

9 ☐ REFUSED BAGE_TYPEDEV_REF

CODE:

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M: ☐A11 ☐A12 ☐A13

Your Health & Well-being and Activities of Daily Living

Source: *Activities of Daily Living: Modified from Katz et al, 1978, and Your Health & Well-Being: Ware et al, 2002*

This part of the survey asks for your views about your health. This information will help us gain a good understanding of how you feel and how well you are able to do your usual activities.

B1. In general, would you say your health is: **BAGE_HEALTH**

RESPONSE CARD A

- 1 ☐ EXCELLENT
 2 ☐ VERY GOOD
 3 ☐ GOOD
 4 ☐ FAIR
 5 ☐ POOR
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

B2. Do you need assistance for the following activities?

RESPONSE CARD B

	Often or always	Sometimes	Rarely or never	Don't know	Refused
a. Eating BAGE_EATING	1	2	3	8	9
b. Dressing or changing BAGE_DRESSING	1	2	3	8	9
c. Bathing BAGE_BATHING	1	2	3	8	9
d. Getting up from beds and chairs BAGE_GETTINGUP	1	2	3	8	9
e. Using the toilet BAGE_TOILET	1	2	3	8	9

B3. Are you incontinent? This is when you have difficulty controlling urination and "lose your urine, or pee"
BAGE_INCONTINENT

- 1 ☐ OFTEN OR ALWAYS
 2 ☐ SOMETIMES
 3 ☐ RARELY OR NEVER
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

RESPONSE CARD B

B4. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

RESPONSE CARD C

Activity	Yes, limited a lot	Yes, limited a little	No, not limited at all	NA	Don't know	Refused
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf BAGE_MODACTIVITIES	1	2	3	7	8	9
b. Climbing <u>several</u> flights of stairs BAGE_CLIMBSTAIRS	1	2	3	7	8	9

- B5. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

RESPONSE CARD D

Activity	All of the time	Most of the time	Some of the time	A little of the time	None of the time	NA	Don't know	Refused
a. <u>Accomplished less than you would like</u> BAGE_PHYS_ACCLESS	1	2	3	4	5	7	8	9
b. Were limited in the <u>kind of work or other activities</u> BAGE_PHYS_LMTDWORK	1	2	3	4	5	7	8	9

- B6. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems (such as feeling depressed or anxious)**?

RESPONSE CARD D

Activity	All of the time	Most of the time	Some of the time	A little of the time	None of the time	NA	Don't know	Refused
a. <u>Accomplished less than you would like</u> BAGE_EMO_ACCLESS	1	2	3	4	5	7	8	9
b. Did work or other activities <u>less carefully than usual</u> BAGE_EMO_LMTDWORK	1	2	3	4	5	7	8	9

- B7. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? [BAGE_PAIN](#)

RESPONSE CARD E

- 1 ☐ NOT AT ALL
 2 ☐ A LITTLE BIT
 3 ☐ MODERATELY
 4 ☐ QUITE A BIT
 5 ☐ EXTREMELY
 8 ☐ DON'T KNOW
 9 ☐ REFUSED

B8. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give one answer that comes closest to the way you have been feeling.

RESPONSE CARD D

How much of the time during the last 4 weeks...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	NA	Don't know	Refused
a. Have you felt calm and peaceful? BAGE_CALM 1	1	2	3	4	5	7	8	9
b. Did you have a lot of energy? BAGE_ENERGY 1	1	2	3	4	5	7	8	9
c. Have you felt downhearted and depressed? BAGE_DEPRESSED 1	1	2	3	4	5	7	8	9
b. Has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? BAGE_SOCIAL 1	1	2	3	4	5	7	8	9

THANK YOU FOR YOUR PARTICIPATION!
