

Functional Index

Name:

Age:

Date:

Time begun:

For each of the following statements you are asked to place a tick in the appropriate column. Every row should contain a tick unless you are quite sure that you have no opportunity for the activity in question. Please work as quickly as possible, but be careful not to omit any item accidentally or to tick more than one column for the same item. The record will be treated as confidential, but if you feel unable to complete it honestly you should return it blank.

	A Little or None of the Time	Some of the Time	A Good Part of the Time	All or Most of the Time
1. My close vision is poorer than it used to be				
2. I can keep my balance without difficulty				
3. I am apt to cut people dead because I don't recognise them				
4. My mind wanders or goes blank when I try to read				
5. I am able to compose a letter				
6. I can leave the house on my own				
7. It distresses me to use public transport				
8. I am nervous of cycling				
9. I am incapable of pursuing a hobby				
10. I fight shy of organised activities				
11. I can cope with social occasions other than parties				
12. Sexual relations are within my power				
13. Shopping is an ordeal				
14. I can still play my part as a parent				
15. I find it hard to get up in the morning				
16. I can work out a programme and stick to it				
17. I am capable of looking ahead				
18. I can keep up appearances when necessary				
19. I am apt to forget things that need doing				
20. I can exercise self-control at home				

Time ended:

For examiner's use

Raw score:

Decimal score:

Time taken: