

## ***Appendix A: Modified Lawton & Brody instrumental activities of daily living scale***

**INSTRUCTIONS TO PARTICIPANT:** We are interested in knowing how well you are able to perform common tasks.

Please circle the number under the “NOW” column that most accurately indicates your current ability level.

Then circle the number under the “BEST” column that most accurately indicates your highest ability level (this would be the time in your life when you were functioning at your best).

<b>1. Housework</b>	<b>Now</b>	<b>Best</b>
I maintain my house/apartment by myself or only need occasional help for larger jobs	0	0
I only perform light daily tasks (wash dishes, make bed)	1	1
I perform some light tasks, but have difficulty keeping my place clean	2	2
I need help with all housekeeping tasks	3	3
I am fully able to do housekeeping, but choose not to do so	8	8
<b>2. Managing finances</b>	<b>Now</b>	<b>Best</b>
I manage all of my finances (check cashing, banking, handling money) by myself	0	0
I manage routine small purchases, but need help with banking, checking or balancing accounts	1	1
I am not able to handle money accurately	2	2
I am able to handle my own finances, but someone else does them for me	8	8
<b>3. Buying Groceries</b>	<b>Now</b>	<b>Best</b>
I create my own shopping list and do my own shopping	0	0
I need occasional assistance in buying groceries	1	1
I need someone else to do my grocery shopping for me	2	2
I am able to create my own grocery list and do my own shopping, but someone else does it for me	8	8
<b>4. Cooking</b>	<b>Now</b>	<b>Best</b>
I plan, prepare, and serve many of my own meals	0	0
I prepare meals if someone else provides me with the right ingredients	1	1
I heat and serve meals provided by others	2	2
I need to have meals prepared and served to me	3	3
I am able to plan, prepare, and serve my own meals but someone else does it for me	8	8

<b>5. Planning social activities</b>	<b>Now</b>	<b>Best</b>
I frequently initiate and plan social activities (e.g., going out, having a party)	1	1
I rarely initiate and plan social activities	2	2
I do not plan and initiate social activities	3	3

<b>6. Understanding reading materials/TV</b>	<b>Now</b>	<b>Best</b>
I understand reading materials (e.g., novels, newspaper) and TV (plots, etc.) without difficulty	0	0
I have occasional difficulty understanding reading materials or TV	1	1
I have frequent difficulty understanding reading materials or TV	2	2
I am unable to understand reading materials or TV	3	3

<b>7. Transportation</b>	<b>Now</b>	<b>Best</b>
I drive my own car or take public transportation on my own (if you do not own a car)	0	0
I arrange my own travel using taxis, but do not drive my own vehicle or use public transportation	1	1
I can travel on public transportation or use taxis if I am assisted by another	2	2
I do not travel at all	3	3

<b>8. Using the telephone</b>	<b>Now</b>	<b>Best</b>
I handle using the telephone without difficulty (looking up and dialling new numbers, etc.)	0	0
I only dial a few well-known numbers	1	1
I answer the telephone, but do not dial	2	2
I do not use the telephone at all	3	3
I do not have access to a telephone	8	8

<b>9. Home repairs</b>	<b>Now</b>	<b>Best</b>
I handle most minor home repairs (plumbing, gardening)	0	0
I need assistance with most minor home repairs	1	1
I am unable to do any repairs by myself	2	2
I am capable of making minor repairs but choose not to	8	8

<b>10. Bathing</b>	<b>Now</b>	<b>Best</b>
I handle all of my bathing needs by myself	0	0
I need occasional assistance with bathing (getting in and out of the tub/shower, etc.)	1	1
I always need help from others when bathing	2	2

<b>11. Dressing</b>	<b>Now</b>	<b>Best</b>
I am able to dress myself and pick out my own clothes	0	0
I dress myself, but someone else must pick out my clothes for me	1	1
I need occasional assistance getting dressed or frequently make mistakes in choosing clothes	2	2
I need frequent assistance in getting dressed	3	3

<b>12. Shopping (e.g., clothes, other non-food goods)</b>	<b>Now</b>	<b>Best</b>
I take care of all of my shopping needs	0	0
I only make small purchases	1	1
I need someone to go with me on any shopping trip	2	2
I am unable to shop	3	3
I am able to shop, but choose to have someone else do my shopping for me	8	8

<b>13. Laundry</b>	<b>Now</b>	<b>Best</b>
I do all of my own laundry	0	0
I need occasional help in doing the laundry	1	1
I launder only small items (e.g., rinse socks, stockings, etc)	2	2
All laundry must be done by others	3	3
I am able to do my own laundry, but choose to have others do it for me	8	8

<b>14. Taking/keeping track of medication</b>	<b>Now</b>	<b>Best</b>
I take sole responsibility for taking medications in correct dosages at the correct time	0	0
I take medications that are prepared in individual doses by someone else	1	1
I am unable to track my own medications	2	2
I am able to take care of my own medications, but choose to have someone else do it for me	8	8

**15. Child Care**

	<b>Now</b>	<b>Best</b>
I am fully able to handle child care	0	0
I need occasional assistance in caring for my children	1	1
I need constant assistance in caring for my children	2	2
I do not have children	8	8

**16. Work**

	<b>Now</b>	<b>Best</b>
I am efficient at work	0	0
I am not very efficient at work and have difficulty maintaining attention or finishing tasks	1	1
I am having a great deal of difficulty in maintaining attention or finishing tasks at work	2	2
I am no longer able to work	8	8

**17. Please tell us of any other areas in which you are having difficulty:**

**18. What do you think are your major areas of difficulty at this time?**

**19. I feel that the difficulties that I am having on the above tasks, if any, are due to:**

	Tick one box only
Primarily cognitive problems (e.g., thinking, memory, paying attention)	1
Primarily physical problems (e.g., fatigue, feeling sick)	2
Equally cognitive and physical problems	3
I am not having any difficulties on the above tasks	8

***Appendix B: Medical Outcomes Study-HIV cognitive symptoms***

**Current symptoms affecting memory, thinking and mood**

**How much of the time during the past 4 weeks:**

(a) Did you have difficulty reasoning and solving problems, for example making plans, making decisions, learning new things?

☐

All of the time

☐

Most of the  
the time

☐

A good bit  
of the time

☐

Some of  
the time

☐

A little bit  
of the time

☐

None of  
the time

(b) Did you forget, for example, things that happened recently, where you put things, appointments?

☐

All of the time

☐

Most of the  
the time

☐

A good bit  
of the time

☐

Some of  
the time

☐

A little bit  
of the time

☐

None of  
the time

(c) Did you have trouble keeping your attention on any activity for long?

☐

All of the time

☐

Most of the  
the time

☐

A good bit  
of the time

☐

Some of  
the time

☐

A little bit  
of the time

☐

None of  
the time

(d) Did you have difficulty doing activities involving concentration and thinking?

☐

All of the time

☐

Most of the  
the time

☐

A good bit  
of the time

☐

Some of  
the time

☐

A little bit  
of the time

☐

None of  
the time