

## Use of the Functional Activities Questionnaire in Older Adults with Dementia

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**WHY:** Dementia is a neurodegenerative disease where functional ability in individuals with dementia (IWD) declines over time. The majority of care costs in IWD are directly attributed to functional disability (Hurd, 2013). Compromised functional ability is unsafe for IWD, anxiety provoking for families and costly to health care organizations. Valid and reliable clinical information about functional ability can be used to individualize care and design safe and supportive environments thereby promoting the highest level of independence for individuals with dementia. Therefore, an effective and efficient method for measuring functional ability is important.

**BEST TOOL:** The Functional Activities Questionnaire (FAQ) measures instrumental activities of daily living (IADLs), such as preparing balanced meals and managing personal finances. Since functional changes are noted earlier in the dementia process with IADLs that require a higher cognitive ability compared to basic activities of daily living (ADLs) (Hall, 2011; Peres et al., 2008), this tool is useful to monitor these functional changes over time. The FAQ may be used to differentiate those with mild cognitive impairment and mild Alzheimer's disease. To further exemplify the importance and utilization of the FAQ, thousands of research participants across the United States are administered the FAQ annually as part of the National Alzheimer's Coordinating Center (NACC) longitudinal research study taking place in 29 National Institute on Aging-funded Alzheimer's Disease Centers (Weintraub et al., 2009).

**TARGET POPULATION:** Older adults with normal cognition, mild cognitive impairment, as well as mild, moderate, and advanced dementia (Weintraub et al., 2009). The FAQ is appropriate for clinical settings, such as acute and primary care, rehabilitation, assisted living, and home settings, as well as for research.

**VALIDITY AND RELIABILITY:** In IWD the FAQ is a consistently accurate instrument with good sensitivity (85%) to identify an individual's functional impairment. The FAQ demonstrates high reliability (exceeding 0.90). Tests of validity have been performed on the FAQ establishing it as an instrument for the bedside and research because it can discriminate among different functional levels of individuals, predict neurological exam ratings and mental status scores such as the Folstein Mini-Mental Status Examination (MMSE) and demonstrate sensitivity to change (Assis, 2014; Malek-Ahmadi, 2015; Pfeffer, 1982).

**STRENGTHS AND LIMITATIONS:** The FAQ is efficient to administer to older adults giving consistent results across different professionals and settings including primary care settings, as well as with different forms of dementia (Mayo, 2013; Tabert et al., 2002). As with other instruments that measure functional activities using indirect approaches, there may be over or under estimation of abilities because of the lack of direct observations.

**FOLLOW-UP:** Continued monitoring of IADLs in IWD is important to ensure environmental adaptations keeping these individuals safe. The measurement of IADLs is also important for advancing science. Therefore, the FAQ is an important measure for clinicians and researchers.

**MORE ON THE TOPIC:**

Best practice information on care of older adults: <http://consultgeri.org/>.

de Oliveira, Assis, L., de Paula, J., Assis, M. G., de Moraes, E. N., & Malloy-Dinis, L. F. (2014). *Frontiers in Aging Neuroscience*, 5(255), 1-7. doi: 10.3389/fnagi.2014.00255

Hall, J. R., Vo, H. T., Johnson, L. A., Barber, R. C., & O'Bryant, S. E. (2011). The link between cognitive measures and ADLs and IADL functioning in mild Alzheimer's: What has gender got to do with it? *International Journal of Alzheimer's Disease*, 2011, Article ID 276734. doi:10.4061/2011/276734

Hurd, M. D., Martorell, P., Delavande, A., Mullen, K.J., & Langa, K. M. (2013). Monetary costs of dementia in the United States. *NEJM*, 368(14),1326–1334. doi:10.1056/NEJMsa1204629.

Malek-Ahmadi, M., Chen, K., Davis, K., Belden, C. M., Powell, J., Jacobson, S. A., & Sabbagh, M. N. (2015). *Alzheimer's Research & Therapy*, 7(1), 2-9. doi: 10.1186/s13195-014-0092-z

Mayo, A. M., Wallhagen, M., Cooper, B., Mehta, K., Ross, L., & Miller, B. (2013). Functional and mental status provide insight into judgment and problem solving among patients with dementia. *International Journal of Geriatric Psychiatry*, 28(5), 514–521.

Peres, K., Helmer, C., Amieva, H., Orgogozo, J., Rouch, I., Dartigues, J., & Barberger-Gateau, P. (2008). Natural history of decline in instrumental activities of daily living performance over the 10 years preceding the clinical diagnosis of dementia: A prospective population-based study. *JAGS*, 56(1), 37-44.

Pfeffer, R.I., Kurosaki, T.T., Harrah, C.H. Jr., Chance, J.M., & Filos, S. (1982). Measurement of functional activities in older adults in the community. *Journal of Gerontology*, 37(3), 323-329.

Weintraub, S., Salmon, D., Mercaldo, N., Ferris, S., Graff-Radford, N.R., Chui, H., & et al. (2009). The Alzheimer's Disease Centers' Uniform Data Set (UDS): The neuropsychologic test battery. *Alzheimer's Disease and Associated Disorders*, 23(2), 91-101.

## Functional Activities Questionnaire

### Administration

Ask informant to rate patient's ability using the following scoring system:

- Dependent = 3
- Requires assistance = 2
- Has difficulty but does by self = 1
- Normal = 0
- Never did [the activity] but could do now = 0
- Never did and would have difficulty now = 1

1.	Writing checks, paying bills, balancing checkbook	
2.	Assembling tax records, business affairs, or papers	
3.	Shopping alone for clothes, household necessities, or groceries	
4.	Playing a game of skill, working on a hobby	
5.	Heating water, making a cup of coffee, turning off stove after use	
6.	Preparing a balanced meal	
7.	Keeping track of current events	
8.	Paying attention to, understanding, discussing TV, book, magazine	
9.	Remembering appointments, family occasions, holidays, medications	
10.	Traveling out of neighborhood, driving, arranging to take buses	
<b>TOTAL SCORE:</b>		

### Evaluation

Sum scores (range 0-30). Cut-point of 9 (dependent in 3 or more activities) is recommended to indicate impaired function and possible cognitive impairment.

Pfeffer, R.I., Kurosaki, T.T., Harrah, C.H. Jr., Chance, J.M., & Filos, S. (1982). Measurement of functional activities in older adults in the community. *Journal of Gerontology*, 37(3), 323-329. Reprinted with permission of Oxford University Press.



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