Instrumental Support – Short Form 8a

Please respond to each item by marking one box per row.

		Never	Rarely	Sometimes	Usually	Always
CCC31052x	Do you have someone to help you if you are confined to bed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CCC31055x	Do you have someone to take you to the doctor if you need it?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CCC31065x	Do you have someone to help with your daily chores if you are sick?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SS6	Do you have someone to run errands if you need it?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CCC31062x	Do you have someone to prepare your meals if you are unable to do it yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SS9	Do you have someone to take over all of your responsibilities at home if you need it?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CCC31051x3	Is someone available to help you if you need it?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
INS-CaPS2	Do you have someone to help you clean up around the home if you need it?.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

© 2008-2016 PROMIS Health Organization and PROMIS Cooperative Group