



An inventory of tools  
to measure  
wellness  
in elders

## Looking for ways to evaluate the wellness of your residents or members? This article looks at some issues in wellness measurement and catalogs some surveys commonly used in senior living environments

*Compiled by the ICAA Assessment Tools Work Group*

How effective is your wellness program at improving the lives of older adults?

To evaluate a schedule of activities and instructors, you can use a variety of methods to get feedback from your participants. Examples include conversations, comment boxes, instructor observations and activity surveys. However, these methods are less effective at determining how program offerings affect participants' quality of life, functional levels and health status. Does the program help people become more *well*?

As part of a project looking at methods to measure the outcomes of older adult wellness programs, ICAA facilitated the Assessment Tools Work Group, which brought together colleagues representing academia, retirement communities and consultants. This group spent 3 months in 2006 compiling a list of wellness surveys commonly used in retirement communities and seniors housing. The *Inventory of Assessment Tools* on pages 61–68 is the outcome.

This inventory features multiple types of survey tools, so you can determine the kind best suited to your situation by looking through the list. There are literally hundreds of surveys available to measure quality of life, health, function, life satisfaction, cognition and other aspects of a person's life. This inventory is not comprehensive. However, it does contain surveys that are commonly used

and measure the factors that contribute to personal wellness.

What is wellness? The group used this definition developed by the President's Council on Physical Fitness and Sports: "Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being." The 6 dimensions of wellness are: emotional, vocational, physical, spiritual, intellectual, and social.

### Concepts when evaluating wellness

While compiling the inventory, work group members had wide-ranging and thought-provoking discussions about the issues surrounding wellness measurement. The following concepts identified by the group will inform your thinking on the assessments.

**Subjective versus objective evaluations of wellness.** Some surveys ask people to report their feelings or status, while others request a caregiver or test administrator to report the measure. Who is defining the person's wellness?

An individual may have a high perceived level of wellness and smoke 2 packs of cigarettes a day—something a health assessment would not consider *well*. There are people who are very fit, but not well. An individual may define self-perceived wellness differently than an external tool or another person defines it.

**Attitude can determine perceptions of wellness.** People who define themselves as successfully aging do not necessarily mean strength and balance. They may have a resilience and optimism they came to the community with, independent of wellness programs.

**Quality of life versus wellness.** Do quality-of-life surveys measure wellness? Not entirely. Based on the definition of

wellness the work group used, quality of life is only one component of wellness. People may feel they have a good quality of life, but their wellness may be deficient.

### Wellness isn't always consistent.

People may do well in some of the 6 dimensions, but not in others. For example, they may thrive in the physical and intellectual dimensions, but not in the spiritual or vocational realms.

### Stages of life change perspectives on wellness.

The needs and interests of *younger* active older adults who work for pay and surf can differ greatly from those of the *old-old* who spend time in the garden or need assistance with daily activities. The indicators for wellness can change through life's stages.

**Time is a useful indicator.** Measuring individual wellness status over time is an important component of movement toward wellness. For example, a person may start with an unsteady gait or have difficulty dressing in the morning without assistance. Through physical activity and exercise, the individual improves these life skills. If you measure where the participant was upon moving into the community and look at the individual's status again in 90 days, both you and the person can see progress.

### Validity and reliability affect outcomes.

Validity means that the research method is sound, and the data you collect will tell you what you are looking for. It also tells you how much you can generalize the findings to another group of people. Some of the surveys on the inventory have been validated for adults, but not for older adults. Depending on the health and independence level of the people you are surveying, validity can be important.

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Reliability means consistency, indicating that the instrument will measure the same way each time you use it with the same type of people. This factor is important when you are looking for progress over time with follow-up assessments. It also matters if you want to measure the results of your group with national norms.

### Questions to ask yourself

What are the main things to consider in choosing a wellness survey for your program? The questions below outline key points. Your answers will help narrow your search to those tools that meet the needs of you and your participants.

**Why conduct the assessment?** What am I looking for? These are the first questions to ask yourself, because they will guide your selection of instruments to investigate further. Make sure the instrument can achieve your goals.

**How is the survey conducted?** For individuals who complete the assessment themselves, is the survey conducted on paper, online (requiring an Internet connection) or using a computer-based form? What will work best for your population and situation? Some older adults are more likely to give verbal feedback, rather than written survey responses. Can you accommodate these people? Or assist them with computer-based formats?

**Who enters the results?** Do the older adults enter their responses into a computer format? If it's a paper survey, will you need to enter participants' answers into computer software? Or do you send the results to an outsourced company to enter the data?

**Who is the best person to analyze the survey results?** Is it you? An internal team? Or do you outsource that to a survey company?

**Is there a committee or officer at your organization that you need to work with before choosing a survey?** If your organization administers other surveys, whom do you need to work with to ensure your survey is compatible or meets organizational criteria?

### What are your financial resources?

Some instruments are free; others require a small or large fee. Sometimes the fee depends on the type of organization you work with. Balance the value of the survey instrument with your goals.

### Using the wellness inventory

The *Inventory of Assessment Tools* that follows on pages 61–68 was compiled by the Assessment Tools Work Group, facilitated by ICAA, as a service to the active aging industry. The objective was to provide a menu of different types of tools, so that wellness program directors could look for instruments that measure the effectiveness of their programs.

There is no perfect tool that is simple, easy to use and measures everything that you want to explore in a handy format. This inventory offers you a starting point. Once you find the assessments that seem appropriate to your goals, you can then investigate survey structures and contact the providers for additional information. ☺

*The International Council on Active Aging® thanks the Assessment Tools Work Group for its efforts in creating the Inventory of Assessment Tools.*

# Inventory of Assessment Tools

(presented in alphabetical order)

Compiled by the ICAA Assessment Tools Work Group.

Information accurate as of August 2006.

Levels of care: IL Independent Living (includes active adult), AL Assisted Living, SN Skilled Nursing

QOL =Quality of Life

Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
<p>EuroQol (EQ-5D)</p> <p><a href="http://gs1.q4matics.com/EuroqolPublishWeb/">http://gs1.q4matics.com/EuroqolPublishWeb/</a></p>	<p>Describes and values health-related quality of life, covering mobility, self-care, usual activities, pain/discomfort, anxiety/depression. First part rates responses by <i>no problem, some problem, and extreme problem</i>. Followed by self-rated health status on a 0–100 scale.</p>	Quality of life	Single index score and descriptive profile that defines 243 possible states	Yes. Clinical conditions, orthopedic problems, older adults, hip fracture patients	No	About 10 years	Public domain
	<p>Appropriate level of care: IL Administered by: Self-report, Interviewer, Informant</p> <ul style="list-style-type: none"> <li>• Similar focus/questions as the SF-12 (see below). Developed to be used in multiple countries and cultures.</li> <li>• Simpler than other health index measures.</li> <li>• Can give profile or index score.</li> <li>• Measures problems, but does not measure positive degrees of wellness, meaning and purpose, adaptability, happiness etc.</li> <li>• Scoring system produces “awkward gaps.”</li> <li>• Measures functional status effectively; measures major morbidity, but not well-being, for more healthy people.</li> </ul>						
<p>Geriatric Depression Scale</p> <p><a href="http://www.stanford.edu/~yesavage/GDS.html">www.stanford.edu/~yesavage/GDS.html</a></p>	<p>Shortest version has 5 questions and shorter version has 15 questions with yes/no responses.</p>	Mental health	Single number indicates normal, mild, moderate, severe depression	Yes. Not well validated on very old	Yes	24 years (1982)	Public domain
	<p>Appropriate level of care: IL, AL Administered by: Interviewer, Informant (spouse, friend, caregiver) Time to administer: 10–15 minutes, depending on version</p> <ul style="list-style-type: none"> <li>• Can be used only as a screening tool that identifies depressive symptomology. It does not measure positive psychological health.</li> <li>• The shorter version is easy to use and less repetitive. The 5-question version is recommended for wellness.</li> <li>• Easily and quickly administered by nonclinicians.</li> <li>• Appropriate for community-dwelling adults.</li> <li>• It is not appropriate for nursing home residents.</li> <li>• Less valid in assessing cognitively impaired patients, unless their perceptions are supplemented by an informant.</li> </ul>						

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# Inventory of Assessment Tools Continued from page 61

Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
<p><b>LSN Confidence Satisfaction Surveys</b></p> <p>Life Services Network of Illinois (LSN)</p> <p><a href="http://www.lsn.org/products/confidence.html">www.lsn.org/products/confidence.html</a></p>	<p>Seven individual surveys using 1–5 scale include resident/client and family satisfaction for environment, services, management, staff, quality of care. Also employee satisfaction survey. Standardized; limited customization.</p>	Satisfaction	Numeric average. Compared to LSN benchmarks, plus qualitative information	Yes	Yes	Current tool, 2 years; revamped over 10 years	Proprietary. \$5 per questionnaire for members; \$6.75 for nonmembers
	<p>Appropriate level of care: Resident: IL, AL, SN Family: AL, SK, day services            Administered by: IL: Self-report AL and SN: Self-report and family member            Time to administer: 10–20 minutes</p> <ul style="list-style-type: none"> <li>• Open-ended questions at end of multiple-choice questions allow respondents to voice their opinions unaided.</li> <li>• Can compare to data of other organizations that use the survey.</li> <li>• Can be customized.</li> <li>• Seven instruments can be used separately or as a package.</li> </ul>						
<p><b>Resident Satisfaction Survey</b></p> <p><b>Wellness Assessment</b></p> <p>Holleran Consulting</p> <p><a href="http://www.holleranconsult.com/aging_services.shtm">www.holleranconsult.com/aging_services.shtm</a></p>	<p>Primarily for CCRCs, highly customized. Satisfaction survey is 6 pages using 1–5 scale on administration, medical/clinical factors, daily living, environment, dining services, overall satisfaction.</p> <p>Wellness assessment covers prevention, emotional health, diet, lifestyle, spirituality, program preferences, programs usage, length of residence.</p> <p>Also leadership and employee satisfaction available.</p>	Satisfaction, health, wellness program	<p>Numeric. Compared to HC benchmarks, plus qualitative information</p> <p>Wellness gives group aggregate</p>	Yes. Statistically and with resident panel	Yes	<p>Satisfaction research, 14 years (2002)</p> <p>Wellness, 2 years</p>	Proprietary. Cost varies greatly depending on customization and quantity

Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
	<p>Appropriate level of care: Satisfaction: IL, AL, SN Adult day care Affordable Housing Wellness: IL            Administered by: IL: Self-report AL and SN: Interviewer            Time to administer: varies according to survey and level of care</p> <ul style="list-style-type: none"> <li>• Can be customized.</li> <li>• Database of benchmarks for multifacility CCRCs.</li> <li>• Good reporting methods.</li> <li>• Research expertise and experience surveying older adults.</li> </ul>						
<p>Satisfaction With Life Scale</p> <p>Approaches To Happiness Questionnaire</p> <p>Meaning In Life Questionnaire</p> <p>www.authentic happiness.sas.upenn.edu</p>	<p>Multiple Web-based surveys available.</p> <p>Satisfaction with Life has 5 questions</p> <p>Happiness has 18 questions</p> <p>Meaning in Life has 10 questions</p>	Satisfaction, happiness	Numeric. Immediate scoring on commentary once answers submitted	Yes	No	About 5 years	<p>Free online for consumer</p> <p>Surveys have various authors, who hold copyright</p>
	<p>Appropriate level of care: IL            Administered by: Self-report</p> <ul style="list-style-type: none"> <li>• Looks at quality-of-life issues generally not covered exclusively in other surveys.</li> <li>• Variety of instruments available.</li> <li>• Access to instruments may be limited because of variety of authors.</li> <li>• Part of a new movement of <i>positive psychology</i>.</li> </ul>						
<p>Senior Fitness Test</p> <p>www.exrx.net/Store/HK/SeniorFitnessTestKit.html</p>	<p>Measures strength, aerobic endurance, flexibility, agility/dynamic balance with 7 tests: chair stand, arm curl, chair sit-and-reach, back scratch, 8-foot up-and-go, and 6-minute walk</p>	Physical	Ranges for each of 7 tests; norm-based scoring	Yes. Tested on ages 60–94 years	Yes	5 years (2001)	Purchaser of book, software, video (\$79 US)
	<p>Appropriate level of care: IL, AL if modified            Administered by: Trained test technician            Time to administer: 15–20 minutes one-to-one; 40 minutes per person moving among stations with a group</p> <ul style="list-style-type: none"> <li>• Has normative data for independent living.</li> <li>• Widely used measures.</li> <li>• Difficult to use in nursing, long-term care and dementia settings. Must be modified quite a bit.</li> <li>• Disadvantages active older adults.</li> <li>• Good for showing improvements over time.</li> </ul>						

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# Inventory of Assessment Tools Continued from page 63

Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
<p>Senior Living Resident Satisfaction</p> <p>Wellness/Fitness Center Survey</p> <p>Vital Research</p> <p><a href="http://www.vitalresearch.com/senior_living.html">www.vitalresearch.com/senior_living.html</a></p>	<p>Resident satisfaction instrument changes depending on level of care. Covers activities, independence, dining, clinical care, support, transportation, staff.</p> <p>Wellness/fitness covers usage, experience with fitness, attitudes about health, change in physical and emotional health from using wellness center, satisfaction with facilities and staff.</p>	Satisfaction, health, wellness program	Numeric. Compared to benchmarks for like levels of care	<p>Satisfaction: yes</p> <p>Wellness piloted in 3 communities</p>	Yes	<p>Satisfaction, about 10 years; launched with SN</p> <p>Wellness, piloted in 2005</p>	Proprietary. Cost varies by level of care and number of interviewed residents
	<p>Appropriate level of care: IL, AL, SN Day care Home health services Adult day care Affordable housing</p> <p>Administered by: IL: Self-report AL: Self-report, Interviewer SN: Interviewer</p> <p>Time to administer: varies according to survey and level of care</p> <ul style="list-style-type: none"> <li>• Can be customized.</li> <li>• Surveys are returned to company for analysis.</li> <li>• History of working with older populations.</li> <li>• Familiar with IL, AL, ALZ and seniors housing.</li> <li>• Reports must be set up effectively before the results are analyzed.</li> </ul>						
<p>SF-12® Health Survey v 1 and v 2 available</p> <p>SF-8® Health Survey</p> <p>QualityMetric</p> <p><a href="http://www.sf-36.org/tools/sf12.shtml">www.sf-36.org/tools/sf12.shtml</a></p>	<p>Shorter versions of SF-36. SF-12 is one-page, 12 questions, takes 2–3 minutes. Used as a screening tool and in large population surveys. SF-8 takes 1–2 minutes, least precise.</p>	Physical, mental	8 domains; scaled profiles with less precision than SF-36	Yes	No	Ages 14 and older	License and royalty required
	<p>Appropriate level of care: IL, AL</p> <p>Administered by: Self-report, Trained interviewer</p> <p>Time to administer: 3–4 minutes for self-report</p> <ul style="list-style-type: none"> <li>• Easier and more appropriate to use than the longer 36 item measures.</li> <li>• Effective as a brief, but broad, instrument.</li> <li>• Items well-written, but in small samples the loss of precision is likely to be significant.</li> <li>• For older adults, there is a limitation, because there are no questions on memory or cognition.</li> <li>• Does not discriminate among more severe levels of disability.</li> </ul>						

Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
<b>SF-36® Health Survey</b> v 1 and v 2 available  QualityMetric  <a href="http://www.sf-36.org/tools/SF36.shtml">www.sf-36.org/tools/SF36.shtml</a>	Generic health survey uses 4-week or 1-week recall for 36 questions on functional health and well-being, measuring physical functioning, bodily pain, general health, vitality, social functioning and mental health.	Physical, mental	8-scale health profiles; norm-based scoring	Yes	No  Ages 14 and older	18 years (1988)	License and royalty required. Fees differ depending on organization  E.g., hospital may pay \$250–500 per project for 500–1,000 patients annually
	Appropriate level of care: IL, AL Administered by: Self-report, Trained interviewer Time to administer: 5–10 minutes for self-report  <ul style="list-style-type: none"> <li>• One of a few general surveys including item on positive health.</li> <li>• Widely used as a general health measure. Likely to continue to be widely used.</li> <li>• The longer version is repetitive, so the respondents get annoyed.</li> <li>• It is not a measure of QOL as much as a measure of health status and the impact of health on function.</li> <li>• There are no questions on cognitive function or distress or on daily activity, such as shopping or cooking.</li> <li>• Too complex for people with cognitive limitations.</li> </ul>						
<b>Short Physical Performance Battery (SPPB)</b>  National Institute on Aging  <a href="http://www.nia.nih.gov">www.nia.nih.gov</a>	Measures risk of disability in activities of daily living and mobility after one and 4 years using balance, walk, chair stand tests.	Physical  (risk of disability)	Each test has a number range, added together for a total between 4 and 12	Yes	No  “Applicable to a wide range of older adults...”	12 years (1994)	Public domain  Free training CD
	Appropriate level of care: IL, AL Administered by: Examiner Time to administer: 10 minutes  <ul style="list-style-type: none"> <li>• A good battery with associated norms/indications for disability.</li> <li>• Classifies people across a wide range of function.</li> <li>• Predicts many adverse outcomes.</li> <li>• Identifies nondisabled people with functional limitation or risk for adverse outcomes.</li> <li>• In younger older people who are very healthy and active, there is a ceiling effect, with most scoring the best score.</li> </ul>						

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# Inventory of Assessment Tools Continued from page 65

Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
<p><b>Testwell Inventory for Older Adults</b></p> <p>National Wellness Institute</p> <p><a href="http://www.nationalwellness.org/index.php?id=266&amp;id_tier=71">www.nationalwellness.org/index.php?id=266&amp;id_tier=71</a></p>	<p>Web-based wellness assessment. Holistic Lifestyle Questionnaire with 50 questions on physical fitness, nutrition, self-care, environment, social awareness, safety, emotions, and spirituality ranked on 5-scale from <i>always</i> to <i>never</i>.</p> <p>Health risk appraisal set and custom question set available.</p>	Quality of life, health	<p>Numeric score for each section; overall composite score up to 1,000</p> <p>Individual or groups</p>	Based on work of Bill Hettler, MD	Yes		<p>Proprietary. Member and nonmember prices based on number of records</p> <p>E.g., for 1,000 records: lifestyle is \$475 M and \$575 NM; health risk is \$950 M and \$1,150 NM; custom is \$240 M and \$290 NM</p>
<p>Appropriate level of care: IL, AL Administered by: Self-administered</p> <ul style="list-style-type: none"> <li>• Some questions may be inappropriate for older adults.</li> <li>• Online administration means respondent needs computer access.</li> <li>• Other survey tools available from same organization.</li> </ul>							
<p><b>The Resident Whole-Person Wellness Survey</b></p> <p>Mather LifeWays</p> <p><a href="http://www.matherlifeways.com/re_research.asp">www.matherlifeways.com/re_research.asp</a></p>	<p>Measures the wellness program from the resident's point of view. Obtains information on satisfaction, stages of change, self-efficacy and specific goals.</p>	Quality of life in 6 dimensions	"Provides information related to 11 issues"	Pilot-tested with 383 residents and staff in 9 senior living communities	Yes	N/A	<p>Proprietary. MLW contracts to administer, analyze results and prepare reports. Cost depends on number of surveys and units/communities included, type of feedback</p>

Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
	<p>Appropriate level of care: IL, AL with no cognitive problems            Administered by: Self-report            Time to administer: 20–30 minutes self-report</p> <ul style="list-style-type: none"> <li>Evaluates wellness and behavior change.</li> <li>Covers all 6 dimensions of wellness from different perspectives.</li> <li>Identifies goals of person.</li> <li>Does not cover health status; needs to be used along with health risk assessment.</li> </ul>						
Wellness Inventory HealthWorld Online www.wellpeople.com	<p>Web-based assessment asks 10 statements in 12 key areas ranked on 5-scale from <i>always</i> to <i>never</i>. Part of a larger program offering tools to create personal wellness plan.</p>	Quality of life in 12 dimensions of wellness and lifestyle	Numeric score for each area	Based on work of John Travis, MD	No	Original, 1975	<p>Proprietary. Institutional and professional licensing</p> <p>Individual online subscription, \$39.95 annually</p>
	<p>Appropriate level of care: IL            Administered by: Self-report            Time to administer: 35–50 minutes self-report</p> <ul style="list-style-type: none"> <li>Online administration means respondent needs computer access.</li> <li>Provides wellness plan to improve areas based on immediate feedback from software program.</li> <li>Includes 12 dimensions of wellness.</li> </ul>						
Wellsource® Personal Wellness Profile™ (PWP) Senior Edition www.wellsource.com/products/happs/pwp	<p>Database-driven health assessment asks 39 questions, with option for 21 custom questions, on health, activities, eating, socialization and feelings. Part of larger package that recommends health behaviors.</p>	Quality of life	Numeric rating for each dimension. Physical and mental composite score for individual or group	Based on guidelines of scientific organizations	Yes. 55 years and older	10 years	<p>Proprietary. Software costs \$5,995, data owned by organization, can be transferred to other applications</p>
	<p>Appropriate level of care: IL, AL            Administered by: Self-report for lifestyle Clinical data by clinician            Time to administer: 10–12 minutes</p> <ul style="list-style-type: none"> <li>Interesting quality-of-life options.</li> <li>Can use software for data mining.</li> <li>May not relate to people in retirement communities.</li> <li>Includes follow-up action planning tools.</li> </ul>						

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Assessment tool	Description	Dimension measured	Scoring	Tested for validity, reliability?	Age-specific for older adults?	Time in service	Ownership, access
<p>WHOQOL-100 WHOQOL-BREF</p> <p>World Health Organization</p> <p><a href="http://www.who.int/evidence/assessment-instruments/qol">www.who.int/evidence/assessment-instruments/qol</a></p> <p>and</p> <p><a href="http://depts.washington.edu/yqol/instruments/WHOQOL.htm">http://depts.washington.edu/yqol/instruments/WHOQOL.htm</a></p>	<p>Applicable to multiple cultures, the 100-question format is abbreviated to 26 items in BREF. Covers physical, psychological, independence, social, environment, spiritual domains. All items are rated on a 1–5 scale.</p>	Quality of life	Domain scores and overall QOL score	<p>Yes</p> <p>Module for older adults being developed</p>	No	(1995)	<p>Primarily public domain. Copyright WHO, instrument cannot be modified</p> <p>Cost \$125 for user manual</p>
<p>Appropriate level of care: IL, AL, SN if have cognitive skills to self-report Administered by: Self-report, Interviewer Time to administer: 10–30 minutes self-report</p> <ul style="list-style-type: none"> <li>• Applicable to multiple cultures, because designed by international committee.</li> <li>• Can add culture-specific items.</li> <li>• Broad in coverage, including items on spirituality and environmental factors.</li> <li>• Not many questions evaluate functional limitations or disability.</li> <li>• Evidence for validity is limited, and it is still in development.</li> </ul>							

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# Active Aging 2006

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