

PHYSICAL FUNCTIONING SURVEY

Version: January 29, 2001

Please answer each question by circling the appropriate response:

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| 1. Do you have difficulty getting around INSIDE the home? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{1A} | YES | NO |
| 2. Do you have difficulty going OUTSIDE the home, for example to shop or visit a doctor's office? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{2A} | YES | NO |
| 3. Do you have difficulty getting in or out of a bed or a chair? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{3A} | YES | NO |
| 4. Do you have difficulty when taking a bath or shower? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{4A} | YES | NO |
| 5. Do you have difficulty when dressing and undressing? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{5A} | YES | NO |
| 6. Do you have difficulty when walking? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{6A} | YES | NO |
| 7. Do you have difficulty eating? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{7A} | YES | NO |
| 8. Do you have difficulty using the toilet, and/or getting to the toilet? | YES | NO |
| If YES, do you sometimes or usually need the help of another person to perform this activity? ^{8A} | YES | NO |

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| 9. Can you handle your own money? | YES | NO |
| If NO, do you sometimes or usually need the help of another person to perform this activity? ^{9A} | YES | NO |
| 10. Can you prepare your own meals? | YES | NO |
| If NO, do you sometimes or usually need the help of another person to perform this activity? ^{10A} | YES | NO |
| 11. Can you do your housework? | YES | NO |
| If NO, do you sometimes or usually need the help of another person to perform this activity? ^{11A} | YES | NO |
| 12. Can you take your own medicine? | YES | NO |
| If NO, do you sometimes or usually need the help of another person to perform this activity? ^{12A} | YES | NO |
| 13. Can you use the telephone? | YES | NO |
| If NO, do you sometimes or usually need the help of another person to perform this activity? ^{13A} | YES | NO |
| 14. Can you drive an automobile? | YES | NO |
| If NO, do you sometimes or usually need the help of another person to perform this activity? ^{14A} | YES | NO |

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