

# PHYSICAL FUNCTIONING AND HEALTH SURVEY

Version: February 5, 2002

Please answer each question by circling the appropriate response:

- |   |     |    |
|---|-----|----|
| 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? <sup>1A</sup> | 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? <sup>2A</sup> | 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? <sup>3A</sup> | 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? <sup>4A</sup> | 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? <sup>5A</sup> | 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? <sup>6A</sup> | 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? <sup>7A</sup> | 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? <sup>8A</sup> | 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? <sup>9A</sup>  | 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? <sup>10A</sup> | 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? <sup>11A</sup> | 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? <sup>12A</sup> | 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? <sup>13A</sup> | 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? <sup>14A</sup> | YES | NO |

15. In general, would you say your health is:

- Excellent     Very Good     Good     Fair     Poor

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