Please place an “x” in the box which best describes your abilities OVER THE PAST WEEK:

### DRESSING & GROOMING

Are you able to:

- Dress yourself, including shoelaces and buttons? □ □ □ □
- Shampoo your hair? □ □ □ □

### ARISING

Are you able to:

- Stand up from a straight chair? □ □ □ □
- Get in and out of bed? □ □ □ □

### EATING

Are you able to:

- Cut your own meat? □ □ □ □
- Lift a full cup or glass to your mouth? □ □ □ □
- Open a new milk carton? □ □ □ □

### WALKING

Are you able to:

- Walk outdoors on flat ground? □ □ □ □
- Climb up five steps? □ □ □ □

Please check any AIDS OR DEVICES that you usually use for any of the above activities:

- Devices used for Dressing (button hook, zipper pull, etc.) □
- Built up or special utensils □
- Crutches □
- Cane □
- Wheelchair □
- Special or built up chair □
- Walker □

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

- Dressing and grooming □
- Arising □
- Eating □
- Walking □
Please place an “x” in the box which best describes your abilities OVER THE PAST WEEK:

<table>
<thead>
<tr>
<th>HYGIENE</th>
<th>WITHOUT ANY DIFFICULTY</th>
<th>WITH SOME DIFFICULTY</th>
<th>WITH MUCH DIFFICULTY</th>
<th>UNABLE TO DO</th>
</tr>
</thead>
</table>

Are you able to:

Wash and dry your body? □ □ □ □
Take a tub bath? □ □ □ □
Get on and off the toilet? □ □ □ □

REACH

Are you able to:

Reach and get down a 5 pound object (such as a bag of sugar) from above your head? □ □ □ □
Bend down to pick up clothing from the floor? □ □ □ □

GRIP

Are you able to:

Open car doors? □ □ □ □
Open previously opened jars? □ □ □ □
Turn faucets on and off? □ □ □ □

ACTIVITIES

Are you able to:

Run errands and shop? □ □ □ □
Get in and out of a car? □ □ □ □
Do chores such as vacuuming or yard work? □ □ □ □

Please check any AIDS OR DEVICES that you usually use for any of the above activities:

- □ Raised toilet seat
- □ Bathtub bar
- □ Long-handed appliances for reach
- □ Bathtub seat
- □ Long-handed appliances in bathroom
- □ Jar opener (for jars previously opened)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

- □ Hygiene
- □ Reach
- □ Gripping and opening things
- □ Errands and chores
**Your ACTIVITIES**: To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- COMPLETELY
- MOSTLY
- MODERATELY
- A LITTLE
- NOT AT ALL

**Your PAIN**: How much pain have you had IN THE PAST WEEK?

On a scale of 0 to 100 (where zero represents “no pain” and 100 represents “severe pain”), please record the number below.

- - -

**Your HEALTH**: Please rate how well you are doing on a scale of 0 to 100 (0 represents “very well” and 100 represents “very poor” health), please record the number below.

- - -