01234

Please use a pencil or black pen only to complete this form.

	Overall, h	ow wo	uld you 1	rate you	r quality	of life?	Mark	one cir	cle belo	W.	
	0	1	2	3	4	5	6	7	8	9	10
	Worst	O	O	O	_			O	O	O	O Best
	As bad than be									Ве	st quality of life
	What aid,	if any,	do you	<u>usually</u>	use to w	alk on a	level s	urface?	Mark o	only one	·•
	O ₁ I do n	ot use a	ny aid		O4 I u	ise cruto	hes	O 7	I use a	wheelch	nair
	O ₂ I use a					ise a wa				mobility	y scooter
	O ₃ I use walking sticks or poles O ₆ I use another aid not listed here										
	O3 T use \	v aikiil	3 SHCKS C	or poies	O 6 I u	ise anoti	ici aiu i	iot iistee	ı nere		
	O ₃ 1 use v	v aikiil	z sticks c	or poles	O 6 I t	ise anoti	iei aiu i	iot iistee	i nere	No	Yes
	Do you liv			or poles	O6 T U	ise anoti	ici aiu i	iot fistee	i nere	No O ₀	Yes O ₁
		e alone	e?	or poies	O ₆ I v	ise anoti	ici aiu i	iot fistee	i nere		
	Do you liv	e alone	e? drive?	•						O ₀	O ₁
	Do you liv Do you cu	e alone	e? drive?	•						O ₀	O ₁
	Do you live Do you cut In the past. Does the pasterices for	re alone rrently year, h	e? drive? nave you ome, apa	stayed i	in a nurs assisted	ing hon	ne or rel	nab facil where y	ity? ou live l	O ₀ O ₀ O ₀	O ₁ O ₁ O ₁
	Do you cu In the past	re alone rrently year, h lace (her	e? drive? nave you ome, apa	stayed i	in a nurs assisted help wit	sing hon living f th transp	ne or refacility)	nab facil where y a, meals,	ity? ou live l medicin	O ₀ O ₀ O ₀	O ₁ O ₁ O ₁ ecial athing)?
	Do you live Do you cut In the past. Does the pasterices for	re alone rrently year, h lace (her	e? drive? nave you ome, apa people (stayed in artment, (such as	in a nurs assisted help wit	ing hon living f th transp	ne or refacility) cortation	nab facil where y a, meals,	ity? ou live l medicin	O ₀ O ₀ have spenes, or b	O ₁ O ₁ O ₁ ecial athing)?
	Do you live Do you cut In the past. Does the pasterices for	re alone rrently year, h lace (her older	e? drive? nave you ome, apa people (stayed in artment, (such as	in a nurs assisted help wit	ing hon living f th transp	ne or refacility) cortation	nab facil where y a, meals,	ity? ou live l medicin	O ₀ O ₀ have spenes, or b	O ₁ O ₁ O ₁ ecial athing)?
)F	Do you live Do you cut In the past. Does the past of the past of the past. Does the past of the past.	re alone rrently year, h lace (her older	e? drive? nave you ome, apa people (artment, (such as	assisted help wit	ing hon living f th transp	ne or refacility) cortation	nab facil where y a, meals,	ity? ou live l medicing any of	O ₀ O ₀ have spenes, or b	O1 O1 O1 ecial athing)?

This next set of questions are about a typical day's activities. Does your health now limit you in these activities and, if so, how much? **Mark one circle on each line.**

	No, not limited at all	Yes, limited a little	Yes, limited a lot
8. Vigorous activities, such as running, lifting heavy objects, or strenuous sports	O ₃	O ₂	O ₁
9. Moderate activities, such as moving a table, vacuuming, bowling, or golfing	O ₃	O ₂	O ₁
10. Lifting or carrying groceries	O ₃	O_2	O ₁
11. Climbing several flights of stairs	O ₃	O_2	O ₁
12. Climbing one flight of stairs	O ₃	O_2	O ₁
13. Bending, kneeling, stooping	O ₃	O_2	O ₁
14. Walking more than a mile	O ₃	O_2	O ₁
15. Walking several blocks	O ₃	O ₂	O ₁
16. Walking one block	O ₃	O ₂	O ₁
17. Bathing or dressing yourself	O ₃	O_2	O ₁

This next set of questions ask about how much help (if any) you need to do routine activities for yourself. Help can be defined as getting assistance from another person or using a device.

Mark one circle for each question.

I can do this activity:	By myself without help	With some help	Completely unable to do this by myself
18. Can you feed yourself?	O ₁	O ₂	O ₃
19. Can you dress and undress yourself?	O ₁	O ₂	O ₃
20. Can you get in and out of bed yourself?	O ₁	O ₂	O ₃
21. Can you take a bath or shower?	O ₁	O ₂	O ₃
22. Can you do your own grocery shopping?	O ₁	O ₂	O ₃
23. Can you keep track of and take your medicines?	O ₁	O ₂	O ₃