

# HEALTH STATUS DISABILITY

*Reference: "Outcome Measures for Health Education..." (1997) Lorig et al, Sage Publications.*

Please circle the one response that best describes your usual abilities over the past 4 weeks.

Are you able to...	<i>Without any difficulty</i>	<i>With some difficulty</i>	<i>With much difficulty</i>	<i>Unable to do</i>
1. Dress yourself, including tying shoelaces and doing buttons?	0	1	2	3
2. Brush / Comb your hair?	0	1	2	3
3. Stand up from an armless straight chair?	0	1	2	3
4. Get in and out of bed?	0	1	2	3
5. Get up from the floor?	0	1	2	3
6. Cut your food with a knife or fork?	0	1	2	3
7. Lift a full cup or glass to your mouth?	0	1	2	3
8. Walk outdoors one block on flat ground?	0	1	2	3
9. Walk outdoors several blocks on flat ground?	0	1	2	3
10. Climb up five steps?	0	1	2	3
11. Climb up one flight of stairs?	0	1	2	3
12. Wash and dry your entire body?	0	1	2	3
13. Get on and off the toilet?	0	1	2	3
14. Take a tub bath?	0	1	2	3
15. Reach and get down a 5 lb object (such as a bag of sugar) from just above your head?	0	1	2	3
16. Bend down (such as to pick up clothing from the floor)?	0	1	2	3
17. Open jars which have been previously opened?	0	1	2	3
18. Turn faucets on and off?	0	1	2	3
19. Run errands and shop?	0	1	2	3
20. Do household chores (such as vacuuming, yard work, laundry and handyman work)?	0	1	2	3
21. Get to places out of walking distance (by car or public transportation)?	0	1	2	3
22. Carry a bag of groceries across a room?	0	1	2	3