1. Age ______________________________  **SCORE: 1 POINT FOR AGE 75-84**  **3 POINTS FOR AGE ≥ 85**

2. In general, compared to other people your age, would you say that your health is:
   - Poor,* (1 POINT)
   - Fair,* (1 POINT)
   - Good,
   - Very good, or
   - Excellent

3. How much difficulty, on average, do you have with the following physical activities:

<table>
<thead>
<tr>
<th>No Difficulty</th>
<th>A little Difficulty</th>
<th>Some Difficulty</th>
<th>A Lot of Difficulty</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
   a. stooping, crouching or kneeling? .......... | □ | □ | □ | □* | □* |
   b. lifting, or carrying objects as heavy as 10 pounds? ......................................... | □ | □ | □ | □* | □* |
   c. reaching or extending arms above shoulder level? ........................................ | □ | □ | □ | □* | □* |
   d. writing, or handling and grasping small objects?.................................................. | □ | □ | □ | □* | □* |
   e. walking a quarter of a mile? ............... | □ | □ | □ | □* | □* |
   f. heavy housework such as scrubbing floors or washing windows?............................... | □ | □ | □ | □* | □* |

   **SCORE: 1 POINT FOR EACH * RESPONSE IN Q3a THROUGH f.  MAXIMUM OF 2 POINTS.**

4. Because of your health or a physical condition, do you have any difficulty:
   a. shopping for personal items (like toilet items or medicines)?
      - YES → Do you get help with shopping? □ YES * □ NO
      - NO
      - DON’T DO → Is that because of your health? □ YES * □ NO
   b. managing money (like keeping track of expenses or paying bills)?
      - YES → Do you get help with managing money? □ YES * □ NO
      - NO
      - DON’T DO → Is that because of your health? □ YES * □ NO

   .............................................................................................................

   **Continued**
c. walking across the room? USE OF CANE OR WALKER IS OK.
☐ YES → Do you get help with walking? ☐ YES * ☐ NO
☐ NO
☐ DON’T DO → Is that because of your health? ☐ YES * ☐ NO

d. doing light housework (like washing dishes, straightening up, or light cleaning)?
☐ YES → Do you get help with light housework? ☐ YES * ☐ NO
☐ NO
☐ DON’T DO → Is that because of your health? ☐ YES * ☐ NO

e. bathing or showering?
☐ YES → Do you get help with bathing or showering? ☐ YES * ☐ NO
☐ NO
☐ DON’T DO → Is that because of your health? ☐ YES * ☐ NO

**SCORE: 4 POINTS FOR ONE OR MORE * RESPONSES IN Q4a THROUGH Q4e.**