

Physio 4 U

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Name: _____

Date: _____

DOB: _____

MHSC: _____

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...

	Without Any Difficulty	With Some Difficulty	With Much Difficulty	Unable To Do
1. Dress yourself including tying shoes 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 5 steps	0	1	2	3
11. Climb up a 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-pound 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 facets on and off	0	1	2	3
19. Run errands and stop	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