



Functional Status

Office Use Only					Acrostic			Staff ID#		
SOF ID#										

These questions are about how well you are able to do certain activities by yourself and without the use of aids.

1 Do you have ANY difficulty walking 2 or 3 blocks outside on level ground?

Yes

No

I don't do it

V8WLKA

V8WLKR1

V8WLK1

V8WLK2



GO TO QUESTION #2

a. Is this because of a health or physical problem? Yes No Don't know V8WLKB

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty

Much difficulty

Unable to do it

Don't know

V8WLKC

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8WLKE

2 Do you have ANY difficulty climbing up 10 steps without resting?

Yes

No

I don't do it

V8CLBA

V8CLBR1

V8CLB1

V8CLB2



GO TO QUESTION #3

a. Is this because of a health or physical problem? Yes No Don't know V8CLBB

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty

Much difficulty

Unable to do it

Don't know

V8CLBC

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8CLBE

3 Do you have ANY difficulty walking down 10 steps?

Yes

No

I don't do it

V8STPA

V8STPR1

V8STP1

V8STP2



GO TO QUESTION #4

a. Is this because of a health or physical problem? Yes No Don't know V8STPB

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty

Much difficulty

Unable to do it

Don't know

V8STPC

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8STPE





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7 Do you have ANY difficulty doing your own shopping for groceries and clothes?

Yes No I don't do it **V8SHA** **V8SHR1**
 Yes No I don't do it **V8SH1**
 Yes No I don't do it **V8SH2**

GO TO QUESTION #8

a. Is this because of a health or physical problem? Yes No Don't know **V8SHB**

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty Much difficulty Unable to do it Don't know **V8SHC**

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8SHE

8 Do you have ANY difficulty dressing yourself including tying shoe-laces, working zippers, and doing buttons?

Yes No I don't do it **V8DRA** **V8DRR1**
 Yes No I don't do it **V8DR1**
 Yes No I don't do it **V8DR2**

GO TO QUESTION #9

a. Is this because of a health or physical problem? Yes No Don't know **V8DRB**

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty Much difficulty Unable to do it Don't know **V8DRC**

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8DRE

9 Do you have ANY difficulty getting in or out of bed?

Yes No I don't do it **V8BEDA** **V8BEDR1**
 Yes No I don't do it **V8BED1**
 Yes No I don't do it **V8BED2**

GO TO QUESTION #10

a. Is this because of a health or physical problem? Yes No Don't know **V8BEDB**

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty Much difficulty Unable to do it Don't know **V8BEDC**

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8BEDE





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13 Do you have ANY difficulty getting in and out of a car?

Yes

No

I don't do it

V8CARA

V8CARR1

V8CAR1

V8CAR2

GO TO QUESTION #10

a. Is this because of a health or physical problem? Yes No Don't know

V8CARB

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty Much difficulty Unable to do it Don't know

V8CARC

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8CARE

14 Do you have ANY difficulty lifting a full cup or glass to your mouth?

Yes

No

I don't do it

V8CUPA

V8CUPR1

V8CUP1

V8CUP2

a. Is this because of a health or physical problem? Yes No Don't know

V8CUPB

b. By yourself, and without using aids, how much difficulty do you have doing this?

Some difficulty Much difficulty Unable to do it Don't know

V8CUPC

c. Do you receive help from another person when you do this? Yes No Unable/doesn't do it

V8CUPD

15 Ask the participant if they use any of the following aids when doing any of the activities listed above. If yes, amend part b of questions that apply.

Cane

Walker

Crutches

Wheelchair

Special or built up chair

Devices for dressing like button hooks, zipper pulls, etc.

Jar opener for previously opened jars

Special eating utensils

Long-handled appliance for reach or in the bathroom

Bathtub seat or bar

Raised toilet seat

V8FXST51

V8FXST52

V8FXST61

V8FXST62

