



Functional Status

Office Use Only
SOF ID#

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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



GO TO QUESTION #2

☐ I don't do it



V9WLKA

V9WLKR1

V9WLK1

V9WLK2

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

V9WLKB

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

V9WLKC

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

V9WLKE

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

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

☐ Yes



☐ No



GO TO QUESTION #3

☐ I don't do it



V9CLBA

V9CLBR1

V9CLB1

V9CLB2

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

V9CLBB

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

V9CLBC

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

V9CLBE

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

3 Do you have ANY difficulty walking down 10 steps?

☐ Yes



☐ No



GO TO QUESTION #4

☐ I don't do it



V9STPA

V9STPR1

V9STP1

V9STP2

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

V9STPB

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

V9STPC

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

V9STPE

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

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4 Do you have ANY difficulty preparing your own meals?

☐ Yes ☐ No ☐ I don't do it

GO TO QUESTION #5

V9CKA

V9CKR1

V9CK1

V9CK2

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

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

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

V9CKB

V9CKC

V9CKE

5 Do you have ANY difficulty doing heavy housework (like scrubbing the floors or washing windows)?

☐ Yes ☐ No ☐ I don't do it

GO TO QUESTION #6

V9HHA

V9HHR1

V9HH1

V9HH2

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

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

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

V9HHB

V9HHC

V9HHE

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

☐ Yes ☐ No ☐ I don't do it

GO TO QUESTION #7

V9SHA

V9SHR1

V9SH1

V9SH2

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

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

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

V9SHB

V9SHC

V9SHE





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

☐ Yes

☐ No

☐ I don't do it

GO TO QUESTION #8

V9BEDA

V9BEDR1

V9BED1

V9BED2

a. Is this because of a health or physical problem? ☐ Yes ☐ No ☐ Don't know V9BEDB

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 V9BEDC

V9BEDE

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

8 Do you have ANY difficulty dressing?

☐ Yes

☐ No

☐ I don't do it

GO TO QUESTION #5

V9DRA

V9DRR1

V9DR1

V9DR2

a. Is this because of a health or physical problem? ☐ Yes ☐ No ☐ Don't know V9DRB

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 V9DRC

V9DRE

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

9 Do you have ANY difficulty bathing or showering?

☐ Yes

☐ No

☐ I don't do it

GO TO QUESTION #7

V9WSHA

V9WSHR1

V9WSH1

V9WSH2

a. Is this because of a health or physical problem? ☐ Yes ☐ No ☐ Don't know V9WSHB

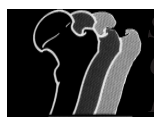
b. By yourself, and without using aids, how much difficulty do you have doing this?

☐ Some difficulty ☐ Much difficulty ☐ Unable to do it ☐ Don't know V9WSHC

V9WSHE

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

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- 10 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

V9FXST51

V9FXST52

V9FXST61

V9FXST62

- 11 During the past 12 months, on a typical night, how many times do you get up to go to the bathroom to empty your bladder (from the time you go to sleep until you wake up in the morning)?

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5 or more times



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