



Exam 6
Physical Function -
Short Form 10a

Participant ID #:

Acrostic:

Technician ID:

Date: / /
 Month Day Year

Self-administered

Interviewer-administered

Interviewer ID:

Please respond to each item by marking one box per row.

	Not at all	Very little	Somewhat	Quite a lot	Cannot do
1. Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your health now limit you in walking more than a mile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your health now limit you in climbing one flight of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your health now limit you in lifting or carrying groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your health now limit you in bending, kneeling, or stooping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Please respond to each item by marking one box per row.

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
6. Are you able to do chores such as vacuuming or yard work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Are you able to dress yourself, including tying shoelaces and doing buttons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are you able to shampoo your hair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are you able to wash and dry your body?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Are you able to get on and off the toilet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>