

VES-13

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

SCORE: 1 POINT FOR FAIR or POOR

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

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

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

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*