

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</u> <u>Difficulty</u>	<u>A little</u> <u>Difficulty</u>	<u>Some</u> <u>Difficulty</u>	<u>A Lot of</u> <u>Difficulty</u>	<u>Unable</u> <u>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)?

- | | | |
|---|--------------------------------|-----------------------------|
| <input type="checkbox"/> YES → Do you get help with shopping? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |
| <input type="checkbox"/> NO | | |
| <input type="checkbox"/> DON'T DO → Is that because of your health? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |

b. managing money (like keeping track of expenses or paying bills)?

- | | | |
|---|--------------------------------|-----------------------------|
| <input type="checkbox"/> YES → Do you get help with managing money? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |
| <input type="checkbox"/> NO | | |
| <input type="checkbox"/> DON'T DO → Is that because of your health? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |

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Continued

c. walking across the room? USE OF CANE OR WALKER IS OK.

- | | | |
|---|--------------------------------|-----------------------------|
| <input type="checkbox"/> YES → Do you get help with walking? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |
| <input type="checkbox"/> NO | | |
| <input type="checkbox"/> DON'T DO → Is that because of your health? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |

d. doing light housework (like washing dishes, straightening up, or light cleaning)?

- | | | |
|--|--------------------------------|-----------------------------|
| <input type="checkbox"/> YES → Do you get help with light housework? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |
| <input type="checkbox"/> NO | | |
| <input type="checkbox"/> DON'T DO → Is that because of your health? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |

e. bathing or showering?

- | | | |
|---|--------------------------------|-----------------------------|
| <input type="checkbox"/> YES → Do you get help with bathing or showering? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |
| <input type="checkbox"/> NO | | |
| <input type="checkbox"/> DON'T DO → Is that because of your health? | <input type="checkbox"/> YES * | <input type="checkbox"/> NO |

***SCORE: 4 POINTS FOR ONE OR MORE *
RESPONSES IN Q4a THROUGH Q4e***