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Form 151– Activities of Daily Life

6. Are you taking a calcium supplement such as Oscal, Viactiv, or Tums?

- 0 No 1 Yes

The following are questions about a typical (or usual) day’s activities. Does your health now limit you in these activities and, if so, how much? (Mark one circle for each question.)

	No, not limited at all	Yes, limited a little	Yes, limited a lot
7. Vigorous activities, such as running, lifting heavy objects, or strenuous sports	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. Moderate activities, such as moving a table, vacuuming, bowling, or golfing	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. Lifting or carrying groceries	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Climbing several flights of stairs	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
11. Climbing one flight of stairs	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. Bending, kneeling, stooping	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
13. Walking more than a mile	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
14. Walking several blocks	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
15. Walking one block	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
16. Bathing or dressing yourself	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

These next questions ask about how much help (if any) you need to do routine activities for yourself. Help can be defined as getting assistance from another person or using a device. (Mark one circle for each question.)

I can do this activity:	By myself without help	With some help	Completely unable to do this by myself
17. Can you feed yourself?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
18. Can you dress and undress yourself?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
19. Can you get in and out of bed yourself?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20. Can you take a bath or shower?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
21. Can you do your own grocery shopping?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
22. Can you keep track of and take your medicines?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3