|  |  |
| --- | --- |
|  | Friends’ functional disability |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please select the difficulties of your friends’ own self-care experience in the past year | No | Yes |
|  | Going up and down the stairs | 1 | 2 |
|  | Taking bath | 1 | 2 |
|  | Taking the transportation | 1 | 2 |
|  | Going shopping | 1 | 2 |
|  | Dealing with money | 1 | 2 |
|  | Walking for half an hour | 1 | 2 |