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| (37) | Life difficulty |

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|  | Life difficulty | | |
|  | Please choose your own self-care experience in the past year. | No | Yes |
| 1. | Going up and down stairs | 1 | 2 |
| 2. | Bathing | 1 | 2 |
| 3. | Taking transportation | 1 | 2 |
| 4. | Shopping | 1 | 2 |
| 5. | Walking for half an hour | 1 | 2 |