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|  | 社区内病人的功能障碍 |

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|  | 请选出社区内病人在最近一年以来自我照顾方面有困难 | 没有 | 有 |
|  | 上落楼梯 | 1 | 2 |
|  | 沐浴 | 1 | 2 |
|  | 乘搭交通工具 | 1 | 2 |
|  | 购物 | 1 | 2 |
|  | 处理金钱 | 1 | 2 |
|  | 步行半小时 | 1 | 2 |