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|  | 功能障礙 |

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|  | 請選出你在過往一年以來自我照顧方面有困難 | 沒有 | 有 |
|  | 上落樓梯 | 1 | 2 |
|  | 沐浴 | 1 | 2 |
|  | 乘搭交通工具 | 1 | 2 |
|  | 購物 | 1 | 2 |
|  | 處理金錢 | 1 | 2 |
|  | 步行半小時 | 1 | 2 |