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| --- | --- |
|  | Functional disability |

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| --- | --- | --- | --- |
|  | Please select the difficulties of your own self-care experience in the recent 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 |