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### **Functional Abilities**

The following activities are performed during a typical day. Over the last two days, has your health condition limited you in any of these activities?

| Lifting                 | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|-------------------------|--------------------|-----------------------|------------------------|
| Stair climbing          | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Bending or twisting     | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Housekeeping            | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Work duties             | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Caregiving              | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Recreational Activities | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Driving                 | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Social life             | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| Personal Hygiene        | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|                         |                    |                       |                        |

## **Quality of Life**

How would you rate your quality of life?

| Very Poor | Poor | Neither poor nor good | Good | Very Good |
|-----------|------|-----------------------|------|-----------|
| 1 •       | 2 •  | 3 •                   | 4 •  | 5 •       |

### **Physical Health**

How would you rate your physical health?

| Very Poor | Poor | Neither poor nor good | Good | Very Good |
|-----------|------|-----------------------|------|-----------|
| 1 •       | 2 •  | 3 ●                   | 4 •  | 5 ●       |

### **Mental and Emotional Health**

How would you rate your mental and emotional health?

| Very Poor | Poor | Neither poor nor good | Good | Very Good |
|-----------|------|-----------------------|------|-----------|
| 1 •       | 2 •  | 3 •                   | 4 •  | 5 •       |

### **Diet and Nutrition**

How would you rate your diet and nutrition?

| Very Poor | Poor | Neither poor nor good | Good | Very Good |
|-----------|------|-----------------------|------|-----------|
| 1 •       | 2 •  | 3 •                   | 4 •  | 5 •       |

#### **OFFICE USE ONLY**

|  | HIS (Health Index Sco | re): Previous: | / 50 | Current: | / 50 |
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