Questions Used to Assess Self-Reported Functional Limitation

In the past month, what level of difficulty have you had:
   In pushing objects like a living room chair?
   In stooping, crouching or kneeling?
   In getting up from a stooping, crouching or kneeling position?
   In lifting or carrying items under 10 pounds (4.54 kg), like a bag of potatoes
   In lifting or carrying items over 10 pounds, like a bag of groceries?
   In standing in place for 15 minutes or longer?
   In sitting for long periods, say 1 hour?
   In standing up after sitting in a chair?
   In walking alone up and down a flight of stairs?
   In walking two to three neighborhood blocks?

Response categories were:
   A lot of difficulty
   Some difficulty
   A little difficulty
   No difficulty
   Don’t do on a doctor’s orders
   Don’t do because unable
   Never do the activity

Physical Activities Included in Questionnaire:
   (average times/week over past 12 months; hours in the past 7 days)
   jogging or running
   brisk walking
   swimming
   singles tennis
   racquetball, paddleball, handball or squash
   exercise equipment
   aerobics/calisthenics
   dancing
   biking on hills
   hiking on hills
   horseback riding at trot or canter
   snow or water skiing
   digging in the garden, chopping/carrying wood
   biking on level ground
   heavy housework (washing windows, bathtubs, move furniture, etc.)*
   leisurely walking
   golf
   doubles tennis
bowling
softball/baseball
horseback riding at a walk
sailing/canoeing
light yard work (includes raking)
yoga or Tai Chi*
light housework (laundry, meal preparation, etc.)*
home repairs*
provision of care for another person (spouse, child, other adult)*

* last 2 surveys only