| First, I would like to ask you about MOBILITY. Would you say that: (Requires opt-in consent, not routinely recorded. Source: Interview) |
|---|
| ○ You have no problems in walking about? ○ You have slight problems in walking about? ○ You have moderate problems in walking about? ○ You have severe problems in walking about? ○ You are unable to walk about? |
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| Next, I would like to ask you about SELF-CARE. Would you say that: (Requires opt-in consent, not routinely recorded. Source: Interview) |
| You have no problems washing or dressing yourself? You have slight problems washing or dressing yourself? You have moderate problems washing or dressing yourself? You have severe problems washing or dressing yourself? You are unable to wash or dress yourself? |
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| Next, I would like to ask you about USUAL ACTIVITIES, for example, work, study, housework, family or leisure activities. Would you say that: (Requires opt-in consent, not routinely recorded. Source: Interview) |
| You have no problems doing your usual activities? You have slight problems doing your usual activities? You have moderate problems doing your usual activities? You have severe problems doing your usual activities? You are unable to do your usual activities? |
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| Next, I would like to ask you about PAIN OR DISCOMFORT. Would you say that: (Requires opt-in consent, not routinely recorded. Source: Interview) |
| You have no pain or discomfort? You have slight pain or discomfort? You have moderate pain or discomfort? You have severe pain or discomfort? You have extreme pain or discomfort? |
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| Finally, I would like to ask you about ANXIETY OR DEPRESSION. Would you say that: (Requires opt-in consent, not routinely recorded. Source: Interview) |
| ○ You are not anxious or depressed? ○ You are slightly anxious or depressed? ○ You are moderately anxious or depressed? ○ You are severely anxious or depressed? ○ You are extremely anxious or depressed? |
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