

## *A Personal Assessment Tool*

*Use this tool to evaluate your physical function (i.e., mobility, strength, and sensory skills).*

After reading each statement, please circle the number that most accurately describes your experiences. (1 = Never true; 2 = Sometimes true; 3 = Usually true; 4 = Always true)

	<b>Never True</b>	<b>Sometimes True</b>	<b>Usually True</b>	<b>Always True</b>
<b><u>Strength and Range of Motion</u></b>				
1. I am not able to stand long enough to perform everyday activities such as cooking, cleaning or grooming.	1	2	3	4
2. It is difficult to make the bed.	1	2	3	4
3. It is difficult to reach items on shelves above my head.	1	2	3	4
4. It is difficult to pick up items that are on the floor.	1	2	3	4
5. I need others to carry heavy objects for me.	1	2	3	4

Additional comments:

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All educational programs conducted by Ohio State University Extension are available to clientele on a nondiscriminatory basis without regard to race, color, creed, religion, sexual orientation, natural origin, gender, age, disability or Vietnam-era veteran status.

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**Never True    Sometimes True    Usually True    Always True**

Balance

- |   |   |   |   |   |
|---|---|---|---|---|
| 6. I experience periods of dizziness or disorientation. | 1 | 2 | 3 | 4 |
| 7. I have problems with tripping.                       | 1 | 2 | 3 | 4 |
| 8. I need help getting in and out of bed or chairs.     | 1 | 2 | 3 | 4 |

Additional comments:

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**Never True    Sometimes True    Usually True    Always True**

Mobility

- |  |   |   |   |   |
|--|---|---|---|---|
| 9. I have difficulty walking up and down stairs.                       | 1 | 2 | 3 | 4 |
| 10. I have difficulty walking by myself.                               | 1 | 2 | 3 | 4 |
| 11. I have difficulty walking and carrying something at the same time. | 1 | 2 | 3 | 4 |
| 12. I would have difficulty quickly exiting the house in an emergency. | 1 | 2 | 3 | 4 |

Additional comments:

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<b>Never True</b>	<b>Sometimes True</b>	<b>Usually True</b>	<b>Always True</b>
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Touch/Dexterity

- |  |   |   |   |   |
|--|---|---|---|---|
| 13. Knobs on doors and lids of cans are difficult for me to grasp. | 1 | 2 | 3 | 4 |
| 14. I have difficulty adjusting faucets to the right temperature.  | 1 | 2 | 3 | 4 |
| 15. I cannot easily grip small items.                              | 1 | 2 | 3 | 4 |

Additional comments:

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<b>Never True</b>	<b>Sometimes True</b>	<b>Usually True</b>	<b>Always True</b>
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Vision

- |  |   |   |   |   |
|--|---|---|---|---|
| 16. I have difficulty seeing small objects around the house.                                 | 1 | 2 | 3 | 4 |
| 17. It takes a long time for my eyes to adjust when moving from lighted areas to dark areas. | 1 | 2 | 3 | 4 |
| 18. It is difficult to judge the depth and width of stairs.                                  | 1 | 2 | 3 | 4 |
| 19. I have problems with glare when I am close to windows.                                   | 1 | 2 | 3 | 4 |

Additional comments:

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	<b>Never True</b>	<b>Sometimes True</b>	<b>Usually True</b>	<b>Always True</b>
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Hearing

- |  |   |   |   |   |
|--|---|---|---|---|
| 20. I have problems hearing conversation in a large group of people.                 | 1 | 2 | 3 | 4 |
| 21. I have difficulty locating where a sound is coming from.                         | 1 | 2 | 3 | 4 |
| 22. I ask people to repeat themselves often.   | 1 | 2 | 3 | 4 |
| 23. I sleep through alarm clocks and do not hear the doorbell or the telephone ring. | 1 | 2 | 3 | 4 |

Additional comments:

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	<b>Never True</b>	<b>Sometimes True</b>	<b>Usually True</b>	<b>Always True</b>
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Smell

- |  |   |   |   |   |
|--|---|---|---|---|
| 24. I have difficulty noticing offensive odors.  | 1 | 2 | 3 | 4 |
| 25. I have found evidence of spoiled food or left a pan burning on a stove, not knowing there was a problem because I smelled nothing unusual. | 1 | 2 | 3 | 4 |

Additional comments:

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