

Functioning and disablement

1. During the past month, have you been limited in one or more of the following activities most of the time?

- Yes
- Self-care: bathing, dressing eating?
- Family relations: spouse, children, relatives?
- Going to work or school?
- Doing housework or household tasks?
- Social activities, seeing friends?
- Remembering things?

B. Because of these problems during the past month:

- how many days were you unable to fully carry out your usual
daily activities?
- how many days did you spend in bed in order to rest?