

NAME:			
DATE.			

Instructions: This scale is intended to assess your USUAL state in different categories using pictures ordered from best to worst.

For each category, choose ONE picture that is closest to your USUAL state. Mark below that picture. There is no right or wrong answer.

Example: If your USUAL vision is closest to the second picture mark **x** as shown.



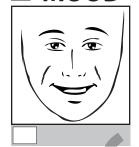
WORST

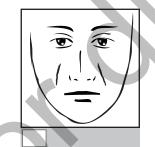


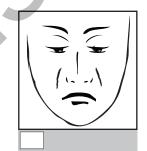


BEST

11 MOOD

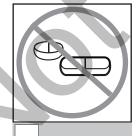


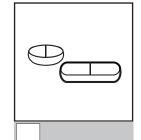






NUMBER OF MEDICATIONS













For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



BEST

WORST

B MOBILITY

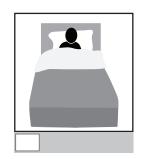












4 FUNCTION













E BALANCE











For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



BEST

WORST

SOCIAL CONNECTIONS











D DAYTIME TIREDNESS







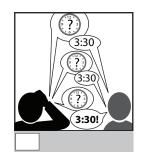




8 MEMORY AND THINKING















For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.



BEST



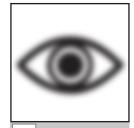


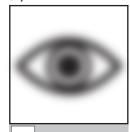




9 VISION (WITH GLASSES IF NEEDED)







D UNINTENTIONAL WEIGHT-LOSS







10 HEARING (WITH HEARING AID IF NEEDED)







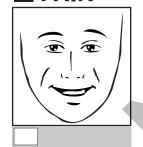
I AGGRESSION







11 PAIN







14 BLADDER CONTROL







