

SHORT FORM EXCEEDS



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Do you have difficulty walking at least a block without using a walker or cane?

YES

NO

Do you have difficulty doing your daily physical activities in your home (going up or down stairs, cooking, putting on your shirt) or within the community (grocery shopping, doctors' appointments, spending time with family)?

Do you have difficulty moving your arms or legs?

Have you had any falls or trips since your last visit?

Do you currently have or feel:

New or worsening weakness

Numbness/tingling in your hands or feet

Reduced endurance

Heaviness or swelling in your arms, abdomen, lower legs

Difficulty with memory, multitasking, or thinking

Dizziness, blurred vision, or lightheadedness

Please rate your fatigue within the last week

Form continued on next page >>