

# Check Your Daily Functioning Capacity!

The basic checklist below will allow you to check on the condition of your health and lifestyle and help with preventive care. Answer all of the questions and you will be able to confirm your physical and mental condition. The questions cover areas such as motor function related to leg and back muscle strength, nutrition, oral function related to chewing and swallowing, etc. Circle "Yes" or "No" and enter the total number of circled answers in the green boxes in the far right column.

After you answer the questions from the basic checklist, go on to the next page.

## Basic Checklist

No.	Question	Answer		No. of circled green boxes	
1	Do you go out and ride the bus or train by yourself?	Yes	No		
2	Do you go shopping to buy things you need?	Yes	No		
3	Do you go to the bank or post office to deposit or withdraw money?	Yes	No		
4	Do you go out to visit friends at their homes?	Yes	No		
5	Do you give advice to family or friends?	Yes	No		
6	Do you climb stairs without holding onto the handrail or touching the wall?	Yes	No		
7	Do you stand up from a chair without holding onto anything?	Yes	No		
8	Do you walk for 15 minutes without stopping?	Yes	No		
9	Have you fallen down in the last year?	No	Yes		
10	Are you very worried about falling?	No	Yes		
11	Have you lost more than 2-3kg over a period of six months?	No	Yes		
12	Height ( )cm Weight ( )kg (BMI = ) BMI = Weight (kg) ÷ Height (m) ÷ Height (m)	18.5 or higher	Less than 18.5		
13	Has it become more difficult to eat hard foods in the last six months?	No	Yes		
14	Have you ever choked on tea, soup, or other hot liquids?	No	Yes		
15	Are you concerned about dryness in your mouth?	No	Yes		
16	Do you go out more than once a week?	Yes	No		
17	Do you go out less frequently than last year?	No	Yes		
18	Do people tell you that you are forgetful, such as always asking the same thing?	No	Yes		
19	Do you look up phone numbers and make phone calls on your own?	Yes	No		
20	Do you ever forget what month or what day it is?	No	Yes		
21	In last 2 weeks	Do not feel fulfilled by your life	No	Yes	
22		No longer take pleasure in what you used to enjoy	No	Yes	
23		Things that you could do easily before are troublesome now	No	Yes	
24		Do not feel like a useful person	No	Yes	
25		Feel tired without a reason	No	Yes	

### ◆ Additional Background for Questions ◆

- Question 1 If you drive your own car and go out, answer "Yes".
- Question 3 If you manage your money with your own judgment, answer "Yes".
- Question 4 Does not include visiting family or relatives.
- Question 6 Even if you are able to climb stairs without using the handrail, if you use the handrail out of habit, answer "No".
- Question 10 Includes falls either indoors or outdoors.
- Question 12 Enter your height and weight. It is okay if your height is an old measurement, but for your weight, please enter a recent measurement.
- Question 16 Going out includes shopping in the neighborhood, going to the hospital, going out for a walk, etc. If the number of times you go out varies from week to week, use the average for the last month.
- Questions 21-25 Do not think too deeply and answer with what first comes to mind.