

PERSONAL COMPONENT

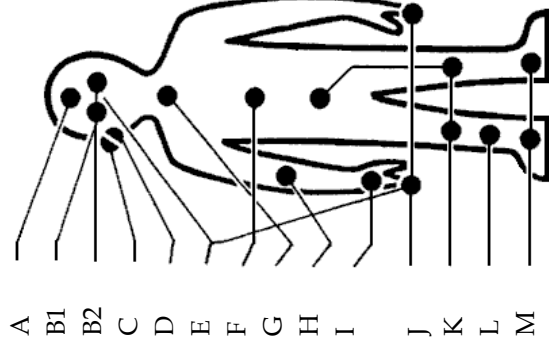
Personal component, the complete Housing Enabler instrument. © Susanne Iwarsson & Björn Slaug 2010

FUNCTIONAL LIMITATIONS AND DEPENDENCE ON MOBILITY DEVICES

Sex: _____ Year of birth: _____ Other information: _____

Yes No

- A. Difficulty interpreting information
 - B1. Visual impairment
 - B2. Blindness
 - C. Loss of hearing
 - D. Poor balance
 - E. Incoordination
 - F. Limitations of stamina
 - G. Difficulty in moving head
 - H. Reduced upper extremity function
 - I. Reduced fine motor skills
 - J. Loss of upper extremity function
 - K. Reduced spine and/or lower extremity function
- | | A | B | C ^a |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> L. Dependence on walking aid(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> M. Dependence on wheelchair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



^aSection in the environmental component: A. Exterior surroundings. B. Entrance. C. Indoor environment