Vulnerable Elders Survey-13 (VES–13)

Patient Name: ______________________________ **Date:** ________________

Patient ID: ______________________________

In general, compared to other people your age, would you say that your health is:

☐ Poor
☐ Fair
☐ Good
☐ Very Good
☐ Excellent

How much difficult, on average, do you have with the following physical activities?	**NO DIFFICULTY**	**A LITTLE DIFFICULTY**	**SOME DIFFICULTY**	**A LOT OF DIFFICULTY**	**UNABLE TO DO**
1. Stooping, crouching or kneeling?	☐	☐	☐	☐	☐
2. Lifting or carrying objects as heavy as 10 pounds?	☐	☐	☐	☐	☐
3. Reaching or extending arms above shoulder level?	☐	☐	☐	☐	☐
4. Writing or handling and grasping small objects?	☐	☐	☐	☐	☐
5. Walking a quarter of a mile?	☐	☐	☐	☐	☐
6. Heavy household such as scrubbing floors or washing windows?	☐	☐	☐	☐	☐

Because of your health or physical condition, do you have any difficulty:	**YES**	**NO**	**DON'T DO**
7. Shopping for personal items?	☐	☐	☐
8. Managing money (like keeping track of expenses or paying bills)?	☐	☐	☐
9. Walking across the room? USE OF CANE OR WALKER IS OKAY?	☐	☐	☐
10. Do you get help with walking?	☐	☐	
11. Doing light housework (like washing dishes, straightening up, or light cleaning?	☐	☐	☐
12. Bathing or showering?	☐	☐	☐
13. Is your health the reason for not bathing or showering?	☐	☐	