

**Supplementary B.** Life Functioning (LF) scale questionnaire

How much difficulty do you have in carrying out the following activity without the help of someone else or the use of assistive devices?

|    | Items   | None | A little | Some | A lot | Cannot do |
|----|---|------|----------|------|-------|-----------|
| 1  | Sitting for 2 hours                             | 4    | 3        | 2    | 1     | 0         |
| 2  | Standing up from an armless chair               | 4    | 3        | 2    | 1     | 0         |
| 3  | Standing for 30 minutes                         | 4    | 3        | 2    | 1     | 0         |
| 4  | Standing for 2 hours                            | 4    | 3        | 2    | 1     | 0         |
| 5  | Standing on tiptoes                             | 4    | 3        | 2    | 1     | 0         |
| 6  | Bending, squatting, or kneeling                 | 4    | 3        | 2    | 1     | 0         |
| 7  | Walking 400 m                                   | 4    | 3        | 2    | 1     | 0         |
| 8  | Walking 1 km                                    | 4    | 3        | 2    | 1     | 0         |
| 9  | Climbing 1 floor (10–12 stairs) without resting | 4    | 3        | 2    | 1     | 0         |
| 10 | Getting in and out of the car                   | 4    | 3        | 2    | 1     | 0         |
| 11 | Grasping and using small objects                | 4    | 3        | 2    | 1     | 0         |
| 12 | Opening containers or bottle caps               | 4    | 3        | 2    | 1     | 0         |
| 13 | Pushing or pulling large objects                | 4    | 3        | 2    | 1     | 0         |
| 14 | Reaching behind back                            | 4    | 3        | 2    | 1     | 0         |

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|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15 | Reaching up overhead   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Lifting 5 kg objects   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Bathing or showering   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Getting in and out of bed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Preparing meals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Managing money   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Using public transportation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Doing light housework  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Engaging in indoor leisure activities (e.g.,<br>reading, watching television, listening to the<br>radio) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Participating in social activities (e.g., clubs,<br>religious activity, volunteering)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Going outside (e.g., shopping, movies, sports<br>events)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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