OHIO STATE UNIVERSITY EXTENSION

Universal Design Products A Personal Assessment Tool

Family and Consumer Sciences, Universal Design, The Ohio State University, fcs.osu.edu/resources/universal-design

Use this tool to evaluate your physical function (i.e., mobility, strength, and sensory skills).

After reading each statement, please circle the number that most accurately describes your experiences. (1 = Never true; 2 = Sometimes true; 3 = Usually true; 4 = Always true)

| <u>Stre</u> | ngth and Range of Motion | Never True | Sometimes True | Usually True | Always True |
|----------------------|--|---------------|-------------------|-----------------|----------------|
| 1. | I am not able to stand long enough to perform everyday activities such as cooking, cleaning or grooming. | 1 | 2 | 3 | 4 |
| 2. | It is difficult to make the bed. | 1 | 2 | 3 | 4 |
| 3. | It is difficult to reach items on shelves above my head. | 1 | 2 | 3 | 4 |
| 4. | It is difficult to pick up items that are on the floor. | 1 | 2 | 3 | 4 |
| 5. | I need others to carry heavy objects for me. | 1 | 2 | 3 | 4 |
| Additional comments: | | | | | |
| | | | | | |

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| | | | TEROGRAE AGGEGGMENT TOGE TAGE | | |
|-------------|--|---------------|-------------------------------|-----------------|----------------|
| | | Never True | Sometimes True | Usually True | Always True |
| <u>Bala</u> | <u>nce</u> | | | | |
| 6. | I experience periods of dizziness or disorientation. | 1 | 2 | 3 | 4 |
| 7. | I have problems with tripping. | 1 | 2 | 3 | 4 |
| 8. | I need help getting in and out of bed or chairs. | 1 | 2 | 3 | 4 |
| Addi | tional comments: | | | | |
| | | | | | |
| | | | | | |
| <u>Mobi</u> | ility | Never True | Sometimes True | Usually True | Always True |
| 9. | I have difficulty walking up and down stairs. | 1 | 2 | 3 | 4 |
| 10. | I have difficulty walking by myself. | 1 | 2 | 3 | 4 |
| 11. | I have difficulty walking and carrying something at the same time. | 1 | 2 | 3 | 4 |
| 12. | I would have difficulty quickly exiting the house in an emergency. | 1 | 2 | 3 | 4 |
| Addi | tional comments: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PERSONAL ASSESSMENT TOOL—PAGE 3

| | | True | True | True | True | |
|-------|--|---------------|-------------------|-----------------|----------------|--|
| Touc | h/Dexterity | 1140 | 1100 | 1140 | 1140 | |
| 13. | Knobs on doors and lids of cans are difficult for me to grasp. | 1 | 2 | 3 | 4 | |
| 14. | I have difficulty adjusting faucets to the right temperature. | 1 | 2 | 3 | 4 | |
| 15. | I cannot easily grip small items. | 1 | 2 | 3 | 4 | |
| Addit | Additional comments: | | | | | |
| Visio | <u>n</u> | Never True | Sometimes True | Usually True | Always True | |
| 16. | I have difficulty seeing small objects around the house. | 1 | 2 | 3 | 4 | |
| 17. | It takes a long time for my eyes to adjust when moving from lighted areas to dark areas. | 1 | 2 | 3 | 4 | |
| 18. | It is difficult to judge the depth and width of stairs. | 1 | 2 | 3 | 4 | |
| 19. | I have problems with glare when I am close to windows. | 1 | 2 | 3 | 4 | |
| Addit | ional comments: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PERSONAL ASSESSMENT TOOL—PAGE 4

| <u>Heari</u> | <u>ng</u> | True | True | True | True | | |
|--------------|--|---------------|-------------------|-----------------|----------------|--|--|
| 20. | I have problems hearing the conversation in a large group of people. | 1 | 2 | 3 | 4 | | |
| 21. | I have difficulty locating where a sound is coming from. | 1 | 2 | 3 | 4 | | |
| 22. | I ask people to repeat themselves often. | 1 | 2 | 3 | 4 | | |
| 23. | I sleep through alarm clocks and do not hear the doorbell or the telephone ring. | 1 | 2 | 3 | 4 | | |
| Additi | Additional comments: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Never True | Sometimes True | Usually True | Always True | | |
| <u>Smell</u> | <u>l</u> | | | | | | |
| 24. | I have difficulty noticing offensive odors. | 1 | 2 | 3 | 4 | | |
| 25. | I have found evidence of spoiled food or left a pan burning on a stove, not knowing there was a problem because I smelled nothing unusual. | 1 | 2 | 3 | 4 | | |
| Additi | ional comments: | | | | | | |
| | | | | | | | |
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For more information, visit <u>fcs.osu.edu/resources/universal-design</u>