

**82. What is today's date?**

<input type="text"/>	/	<input type="text"/>	/	<input type="text" value="20"/>
Month		Day		Year

**The last questions are about your ability to do different activities.**

**D1. Do you have difficulty seeing, even when wearing glasses or contact lenses?**

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

**D2. Do you have difficulty hearing, even if using a hearing aid(s)?**

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

**D3. Do you have difficulty walking or climbing steps?**

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

**D4. Do you have difficulty remembering or concentrating?**

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

**D5. Do you have difficulty with self care, such as washing all over or dressing?**

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

**D6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?**

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

**Thank you for completing the survey!**

**As a token of our appreciation, we will send you a  
\*\*\$20 VISA Gift Card\*\***

**Please provide your current address on the enclosed  
Contact Card and return with the survey,  
to ensure receipt of your VISA Gift Card.**