

FUNCTIONAL ASSESSMENT QUIZ

Please mark the disability in your daily activities during the last week from 0 (no problem) to 5 (incapable). Please note that 3 means you need to use assisting aids or obtain help from other people.

KEY. 0; no problem, 1; slow but no difficulty, 2; mildly difficult but do not need help or assistance, 3; moderately difficult need help or assistance, 4; severely difficult and mostly need help or assistance, 5; incapable of performing activity.

Are you able to lay down?

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Are you able to stay asleep?

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Turning in bed

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Taking a bath/shower

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Picking something of the ground

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Clothing yourself (includes shoes/socks)

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Getting in/out of car

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Standing

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Doing household chores

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Are you able to exercise

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

How many hours can you stay asleep?

_____ hours

Sitting on/getting up from the floor

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Walking

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

How long can you walk before stopping?

_____ minutes

Walking up/down stairs

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

How many stairs can you climb/descend?

_____ steps

Sitting on/arising from a chair

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

How long can you do household chores?

_____ minutes

Name _____ Signature _____ Date _____