

PATIENT FUNCTIONAL ASSESSMENT QUESTIONNAIRE

Patient Name: _____

Date: _____

<i>INSTRUCTIONS: Circle the level of difficulty for each activity.</i>	0=Absolute no difficulty	1=Able to do w little difficulty	2=Able to do w little to moderate difficulty	3=Able to do w moderate difficulty	4=Able to do w mod-signif difficulty	5=Able to do w significant difficulty	6=Unable to do at all	Not applicable
MOBILITY/WALKING								
1-Walking short distances	0	1	2	3	4	5	6	n/a
2-Walking long distances	0	1	2	3	4	5	6	n/a
3-Walking outdoors	0	1	2	3	4	5	6	n/a
4-Walking on unlevel surfaces	0	1	2	3	4	5	6	n/a
5-Climbing Stairs	0	1	2	3	4	5	6	n/a
6-Running	0	1	2	3	4	5	6	n/a
CHANGE/MAINTAIN BODY POSITION								
1-Rolling over in bed	0	1	2	3	4	5	6	n/a
2-Moving-lying to sitting up	0	1	2	3	4	5	6	n/a
3-Prolonged sitting	0	1	2	3	4	5	6	n/a
4-Bending/stooping	0	1	2	3	4	5	6	n/a
5-Kneeling	0	1	2	3	4	5	6	n/a
6-Prolonged standing	0	1	2	3	4	5	6	n/a
CARRY/MOVE/HANDLE OBJECTS								
1-Pushing	0	1	2	3	4	5	6	n/a
2-Pulling	0	1	2	3	4	5	6	n/a
3-Reaching	0	1	2	3	4	5	6	n/a
4-Grasping	0	1	2	3	4	5	6	n/a
5-Lifting	0	1	2	3	4	5	6	n/a
6-Carrying	0	1	2	3	4	5	6	n/a
7-Work/Vocation/Occupation	0	1	2	3	4	5	6	n/a
SELF CARE								
1-Dressing and hygiene	0	1	2	3	4	5	6	n/a
2-Doing light household tasks	0	1	2	3	4	5	6	n/a
3-Laundry	0	1	2	3	4	5	6	n/a
4-Prep meals/kitchen tasks	0	1	2	3	4	5	6	n/a
5-Sleeping ability	0	1	2	3	4	5	6	n/a
6-Yardwork/gardening	0	1	2	3	4	5	6	n/a
7-Recreation/exercise	0	1	2	3	4	5	6	n/a