Leonardo Physical Therapy 978-657-7404

Patient:_____Date: _____

FUNCTIONAL STATUS ASSESSMENT

Please help us help you by filling out the following form. In the ***left*** box, the numbers 0 through 4 represent your ability to perform each labeled activity. Please rate your ability by circling the appropriate number.

- Numeral "0" indicates that you are completely unable to perform the activity.
- Numeral "1" indicates that you are minimally capable; between 0 % and 25% able.
- Numeral "2" indicates that you are minimally/moderately capable; between 25% and 50% able.
- Numeral "3" indicates that you are moderately capable; between 50% and 75% able.
- Numeral "4" indicates that you are moderately through fully capable; between 75% and 100% able.

In the ***right*** box, please circle the number that indicates your pain level while doing each labeled activity.

- This is a progressive scale with "0" representing no pain at all and "10" representing severe/emergency pain

FUNCTIONAL ABILITY					
Unable ---------- Fully able					
Personal Care	0	1	2	3	4
Light Lift ≤ 10#	0	1	2	3	4
Moderate Lift ≤ 20#	0	1	2	3	4
Heavy Lift >20# 0	0	1	2	3	4
Household Mobility	0	1	2	3	4
Community Mobility	0	1	2	3	4
Sitting Tolerance	0	1	2	3	4
Work Tolerance 0	0	1	2	3	4
Stair Negotiation	0	1	2	3	4
Sports/Recreation	0	1	2	3	4
Driving	0	1	2	3	4
Sleeping	0	1	2	3	4
Household Chores	0	1	2	3	4
Child Care	0	1	2	3	4

PAIN RATING
No pain ---------- Severe pain
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10