



Functional Status Form

Patient's Name: Last _____ First _____ Middle _____

Employment / Work (Check all that apply)

- Retired
- Unemployed
- Homemaker
- Student
- Working full-time outside of home
- Working part-time outside of home
- Working full-time from home
- Working part-time from home
- Working with modification in job because of current illness / injury
- Not working because of current illness / injury

Occupation: _____

Where do you live?

- Private home
- Private apartment
- Rented room
- Board and care / assisted living / group home
- Hospice
- Homeless (with or without shelter)
- Other: _____

With whom do you live? (Check all that apply)

- Alone
- Spouse / Significant other
- Child / children
- Other relatives (s)
- Group setting
- Personal care attendant
- Other: _____

Do you use a: (Check all that apply)

- Cane
- Walker
- Rolling walker
- Manual wheelchair
- Other: _____

Features in Your Home (Check all that apply)

- Stairs If yes, how many? _____
- Elevator
- Ramp
- Elevated commode
- Grab bars around commode
- Tub
- Grab bars in tub
- Stahl shower
- Grab bars in shower
- Hand held shower massager
- Rubber footed chair for use in tub or shower
- Eat-in kitchen
- Tile floor
- Carpeted floor

(Over)

Please place a check mark in the box which best describes the level of difficulty you have to perform each activity

	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not Applicable
Lying flat						
Rolling over						
Moving- lying to sit						
Sitting under 15 min						
Sitting over 15 min						
Moving-sit to stand						
Squatting						
Bending / stooping						
Balancing						
Kneeling						
Walking-short distance						
Walking- long distance						
Walking – outdoors						
Climbing stairs						
Pushing						
Pulling						
Reaching						
Grasping						
Lifting						
Carrying under 10 lbs.						
Carrying over 10 lbs.						
Sleeping comfortably						
Writing						
Preparing meals						
Making bed						
Bathing						
Grooming						
Dressing-upper body						
Dressing-lower body						
Putting on / taking off shoes						
Feeding self						
Cleaning house						
Shopping						
Getting in / out of car						
Driving						