

Functional Activities - Functional Status

Patient Name: _____ Date: _____

Patient ID: _____

I am now going to ask you about several activities that people do from day to day.
For each question, please respond with one of the following three choices: No help, With help, Unable to do.

At the present time, do you need help from another person:

	NO HELP	WITH HELP	UNABLE TO DO
1. To bathe (wash and dry your whole body)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To walk around your home or apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To dress (like putting on a shirt or shoes, buttoning and zipping)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To get in and out of a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To walk a quarter of a mile (about 2 or 3 blocks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To walk up a flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. To lift or carry something as heavy as 10 pounds, for examples a heavy bag of groceries or a sack of potatoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. To shop (go to the store)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. To do housework, such as washing the dishes, taking out the trash, or washing/cleaning the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To prepare a meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. To take your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. To manage your finances, such as paying the bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. To eat (like holding a fork, cutting food, or drinking from a glass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>