



FUNCTIONAL SURVEY

Name _____

Date _____

Please circle the number that most closely corresponds to your current status

- | | Yes | No |
|--|------------------------|----|
| 1) I am able to sleep as much as necessary | 10 9 8 7 6 5 4 3 2 1 0 | |
| 2) I am able to bathe and dress independently | 10 9 8 7 6 5 4 3 2 1 0 | |
| 3) I am able to sit as long as I want to | 10 9 8 7 6 5 4 3 2 1 0 | |
| 4) I am able to stand as long as I want to | 10 9 8 7 6 5 4 3 2 1 0 | |
| 5) I am able to walk as long as I want to | 10 9 8 7 6 5 4 3 2 1 0 | |
| 6) I am able to reach without difficulty | 10 9 8 7 6 5 4 3 2 1 0 | |
| 7) I am able to lift as much weight I need to | 10 9 8 7 6 5 4 3 2 1 0 | |
| 8) I am able to do my normal social activities | 10 9 8 7 6 5 4 3 2 1 0 | |
| 9) I am able to do my normal sports & hobbies | 10 9 8 7 6 5 4 3 2 1 0 | |
| 10) I am able to do my normal work activities | 10 9 8 7 6 5 4 3 2 1 0 | |