

# Functional Assessment

Please check the box that applies to the level of difficulty you are currently having with the activities below.

<b>ACTIVITIES</b>	<b>Able to do without any difficulty</b>	<b>Able to do with little difficulty</b>	<b>Able to do with moderate difficulty</b>	<b>Able to do with much difficulty</b>	<b>Unable to do</b>	<b>Not applicable</b>
Lying flat						
Rolling over						
Moving-lying to sitting						
Sitting						
Squatting						
Bending/stooping						
Balancing						
Kneeling						
Walking-short distance						
Walking-long distance						
Walking-outdoors						
Climbing stairs						
Hopping						
Jumping						
Running						
Pushing						
Pulling						
Reaching						
Grasping						
Lifting						
Carrying						
(For Therapist Use Only)	1x	2x	3x	4x	5x	-----
Total:						-----

Out of the activities listed above, which would you like to improve upon the most? \_\_\_\_\_