



## 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 |    |