**Functional Assessment Questionnaire**

Patient’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using the key below please circle one answer in each box that indicates your ability to do the following activities.

**Key: (0 = unable) (1 = very difficult) (2 = moderately difficult) (3 = minimally difficult) (4 = normal)**

|  |  |
| --- | --- |
| **ACTIVITY SCORE** | |
| Sleep normally | 0 1 2 3 4 n/a |
| Up and Down Stairs | 0 1 2 3 4 n/a |
| Food Prop/Cooking/Eating | 0 1 2 3 4 n/a |
| Walking | 0 1 2 3 4 n/a |
| Grooming (bath, comb hair, shave, etc) | 0 1 2 3 4 n/a |
| Getting up/down from chair or bed | 0 1 2 3 4 n/a |
| Dressing – manage normal dressing activities | 0 1 2 3 4 n/a |
| Dressing – Tie Shoes/Button Shirt | 0 1 2 3 4 n/a |
| Lifting/Carrying up to 10 pounds | 0 1 2 3 4 n/a |
| Sitting for normal periods of time | 0 1 2 3 4 n/a |
| Standing for normal periods of time | 0 1 2 3 4 n/a |
| Reaching above head or across body | 0 1 2 3 4 n/a |
| Squatting down to pick up item | 0 1 2 3 4 n/a |
| Leisure/Recreational/Sports Activities | 0 1 2 3 4 n/a |
| Running/Jogging | 0 1 2 3 4 n/a |
| Driving | 0 1 2 3 4 n/a |
| Job Requirements – can do all activities required of my job | 0 1 2 3 4 n/a |

Rate your pain using the following scale, with 0 being no pain and 10 being very severe pain:

During Rest 0 1 2 3 4 5 6 7 8 10 During Activity 0 1 2 3 4 5 6 7 8 10

**CONSENT FOR TREATMENT**

I hereby authorize the physical therapists at Magno Physical Therapy to perform an evaluation and subsequent treatments or procedures approved by my referring physician or as outlined by my physical therapists evaluation.

I acknowledge that no guarantees, either expressed or implied, have been made to me regarding the outcome of any treatments and/or procedures. I fully understand that it is impossible to make any guarantees regarding the outcome of any medical treatment or procedure.

**(Authorized Signature) (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**