



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	