

Functional Ability Questionnaire

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|----------------------|
| Name: _____ |
| Date: _____ |
| Date of Birth: _____ |
| MR #: _____ |

Instructions: Circle the number (1-4) in each of the groups which best summarizes your ability.

Add the numbers and multiply by 5 for total score out of 100.

_____ **Self-care ability assessment**

1. Require total care - for bathing, toilet, dressing, moving and eating
2. Require frequent assistance
3. Require occasional assistance
4. Independent with self-care

_____ **Family and social ability assessment**

1. Unable to perform any - chores, hobbies, driving, sex or social activities
2. Able to perform some
3. Able to perform many
4. Able to perform all

_____ **Get up and go ability assessment**

1. Able to get up and walk with assistance, unable to climb stairs
2. Able to get up and walk independently, able to climb one flight of stairs
3. Able to walk short distances and climb more than one flight of stairs
4. Able to walk long distances and climb stairs without difficulty

_____ **Lifting ability assessment**

1. Able to lift up to 10# occasionally
2. Able to lift up to 20# occasionally
3. Able to lift 20-50# occasionally
4. Able to lift over 50# occasionally

_____ **Work ability assessment**

1. Unable to do any work
2. Able to work part-time **and** with physical limitations
3. Able to work part-time **or** with physical limitations
4. Able to perform normal work

_____ **Functional Ability Score**

Created by Peter Marshall, MD as a member of the ICSI Chronic Pain guideline work group.