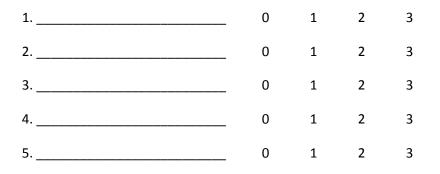
Functional Limitation Assessment

Scale Key

0 = able to do <u>without</u> pain 1 = able to do with <u>minimal</u> pain 2 = able to do with <u>moderate</u> pain 3 = sever pain/ unable to do <u>AT ALL</u>

A) List activities that you <u>normally</u> do but are having difficulty doing or are unable to do because of your symptoms. Please list these activities and then rate your level of discomfort/difficulty for each of the following listed from 0-3. (EX: Driving, Cooking, Up/Down Stairs, Styling Hair etc.)



B) List physical tasks of your <u>regular</u> job or <u>usual</u> hobbies that you are having difficulty doing or are unable to do because of your symptoms. Please list these tasks or hobbies and then rate your level of discomfort/difficult for each of the following listed from 0-3. (EX: Typing, Machine Work, Gardening etc.)

