

Functional Limitation Assessment

Scale Key

0 = able to do **without** pain

1 = able to do with **minimal** pain

2 = able to do with **moderate** pain

3 = sever pain/ unable to do **AT ALL**

A) List activities that you normally 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.)

- | | | | | |
|----------|---|---|---|---|
| 1. _____ | 0 | 1 | 2 | 3 |
| 2. _____ | 0 | 1 | 2 | 3 |
| 3. _____ | 0 | 1 | 2 | 3 |
| 4. _____ | 0 | 1 | 2 | 3 |
| 5. _____ | 0 | 1 | 2 | 3 |

B) List physical tasks of your regular job or usual 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.)

- | | | | | |
|----------|---|---|---|---|
| 1. _____ | 0 | 1 | 2 | 3 |
| 2. _____ | 0 | 1 | 2 | 3 |
| 3. _____ | 0 | 1 | 2 | 3 |
| 4. _____ | 0 | 1 | 2 | 3 |
| 5. _____ | 0 | 1 | 2 | 3 |