

PHYSICAL CAPACITY

Name: _____

Date: _____

Loss of Feeling

Location _____

Functional Impact _____

Manual Dexterity

Prehensile _____

Grip Strength _____

Fingering _____

Handling _____

Right Handed _____ Left Handed _____

Pick up, Hold, and Use

Eating utensils _____

Large dictionary _____

Pen/pencil _____

Car/house keys _____

Coins _____

Hairbrush and comb _____

Playing cards _____

Opening Mail _____

Writing handwritten letter _____

Unlock and open door _____

Using Tools _____

Removing jar lids _____

Reaching

Forward for object _____

Forward and above head _____
Behind head/back _____
Reaching forward (both arms) and handling objects _____
Reaching up and retrieving light objects _____

Lifting

Moderate Weight (Bag of groceries, toolbox, full laundry basket, stack of books)

From the floor _____ To above head _____

From waist level _____ From above head _____

Carrying short distance (10 - 40 feet) _____

Light Weight (Gallon of milk, Two large books)

From the floor _____ To above head _____

From waist level _____ From above head _____

Carrying short distance (10 - 40 feet) _____

Carrying longer distance (40 - 100 feet) _____

Very Light Weight (Telephone, small bag of sugar, book)

From the floor _____ To above head _____

From waist level _____ From above head _____

Carrying for short distance (10 - 40 feet) _____

Carrying frequently for 4 hours _____

Carrying objects (short distance)

Light objects (5 - 10 lbs.) _____

Med/Heavy objects (30 – 50+ lbs.) _____

Full laundry basket _____ Garbage _____

Filled cup/empty pan _____ Filled Med Pot _____

Pushing/Pulling

Using vacuum cleaner _____

Pulling open a heavy entrance door _____

Pushing loaded grocery cart _____

Pushing/pulling sofa to new location _____

Sitting

Firm chair _____

Chair with some support _____

Slightly flexed forward looking down at activity _____

Standing (shifting position) _____

Stationary and reaching with arms and hands _____

Walking

Distance _____

Functional impact _____

Smooth surface _____

Uneven ground/Gravel _____

Up/down incline _____

Climbing

Steps (5 or less) _____

Steps (6 to 20) _____

Ladder _____

Balance

Stepstool (reaching forward) _____

Small ladder to change light bulb _____

Walking/climbing/reaching to side _____

Whole Body Range of Motion

Kneeling (Activity to front) _____

(Hard surface) _____

Stooping (Activity using arms/hands) _____
(Retrieve small object) _____
Bending (Perform activity) _____
Crawling (Activity) _____

Headaches

Type of headaches/Frequency _____
Relief strategy _____

Vision

Normal vision _____
Focus eyes on activity for
one hour or more _____
Seeing objects in large area _____
Seeing objects to the side while
looking ahead _____

Hearing

Hearing normal level voices _____
Hearing small changes in
Noises (engine changing speeds) _____

Speech

Talking is understood by others _____
Words are formed easily _____
Responds with information _____

Breathing

Breathes easily in
Climate controlled room _____
Outside conditions _____
Fumes/odors _____

Functional Daily Activities

Getting in/out of car _____

Driving a car (Auto Trans) _____

Dressing

Shirt/Dress _____

Pants _____

Socks/Shoes _____

Jewelry _____

Personal Hygiene

Bath _____

Hair _____

Shave _____

Make up _____

Grocery shopping _____

Housework Activity _____

Yard work _____

Hobbies

Previous _____

Present _____

Sleep Difficulties _____

Average Hours Sleep/24 Hours _____

Activities of a Typical Day _____

Endurance/Physical Stamina

Light activity (minimal lifting) _____

Two hours - sustained light activity _____

Four hours - sustained light activity _____

Functional impact of light activity _____

Functional impact of moderate activity _____

Other Information _____

Counselor _____