Functional Status Questionnaire

Name: _____ **Date Accomplished:** _____ dd / mm / yyyy

Assessor's Name: _____

Instructions: Please answer the following questions with the best possible answer that applies to you.

PHYSICAL FUNCTION

Basic Activities of Daily Living: During the past month, have you had difficulty with...

Taking care of yourself, that is, eating, dressing, or bathing?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Moving in or out of a bed or chair?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Walking indoors, such as around your home?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Intermediate Activities of Daily Living: During the past month, have you had difficulty with...

Walking several blocks?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Walking one block or climbing one flight of stairs?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Doing work around the house, such as cleaning, light yard work, home maintenance?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Doing errands, such as grocery shopping?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Driving a car or using public transportation?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Doing vigorous activities such as running, lifting heavy objects or participating in strenuous sports?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

PSYCHOLOGICAL FUNCTION

Mental Health: During the past month...

Have you been a very nervous person?

- ◯ All of the time (1)
- ◯ Most of the time (2)
- ◯ A good bit of the time (3)
- ◯ Some of the time (4)
- ◯ A little of the time (5)
- ◯ None of the time (6)

Have you felt calm and peaceful?

- ◯ All of the time (6)
- ◯ Most of the time (5)
- ◯ A good bit of the time (4)
- ◯ Some of the time (3)
- ◯ A little of the time (2)
- ◯ None of the time (1)

Have you felt downhearted and blue?

- ◯ All of the time (6)
- ◯ Most of the time (5)
- ◯ A good bit of the time (4)
- ◯ Some of the time (3)
- ◯ A little of the time (2)
- ◯ None of the time (1)

Were you a happy person?

- ◯ All of the time (6)
- ◯ Most of the time (5)
- ◯ A good bit of the time (4)
- ◯ Some of the time (3)
- ◯ A little of the time (2)
- ◯ None of the time (1)

Did you feel so down in the dumps that nothing could cheer you up?

- ◯ All of the time (6)
- ◯ Most of the time (5)
- ◯ A good bit of the time (4)
- ◯ Some of the time (3)
- ◯ A little of the time (2)
- ◯ None of the time (1)

SOCIAL/ROLE FUNCTION

Work Performance (must be/have been employed for the past thirty-one days) During the past month have you...

Done as much work as others in similar jobs?

◯ All of the time (4) ◯ Most of the time (3) ◯ Some of the time (2) ◯ None of the time (1)

Worked for short periods of time or taken frequent rests because of your health?

◯ All of the time (4) ◯ Most of the time (3) ◯ Some of the time (2) ◯ None of the time (1)

Worked your regular number of hours?

◯ All of the time (4) ◯ Most of the time (3) ◯ Some of the time (2) ◯ None of the time (1)

Done your job as carefully and accurately as others with similar jobs?

◯ All of the time (4) ◯ Most of the time (3) ◯ Some of the time (2) ◯ None of the time (1)

Worked at your usual job, but with some changes because of your health?

◯ All of the time (1) ◯ Most of the time (2) ◯ Some of the time (3) ◯ None of the time (4)

Feared losing your job because of your health?

◯ All of the time (1) ◯ Most of the time (2) ◯ Some of the time (3) ◯ None of the time (4)

Social Activity During the past month have you...

Had difficulty visiting with relatives or friends?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Had difficulty participating in community activities, such as religious services, social activities, or volunteer work?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Had difficulty taking care of other people such as family members?

- ◯ Usually did with no difficulty (4)
- ◯ Some difficulty (3)
- ◯ Much difficulty (2)
- ◯ Usually did not do because of health (1)
- ◯ Usually did not do for other reasons (0)

Quality of Interactions During the past month have you...

Isolated yourself from people around you?

- ◯ All of the time (1)
- ◯ Most of the time (2)
- ◯ A good bit of the time (3)
- ◯ Some of the time (4)
- ◯ A little of the time (5)
- ◯ None of the time (6)

Acted affectionate toward others?

- ◯ All of the time (6)
- ◯ Most of the time (5)
- ◯ A good bit of the time (4)
- ◯ Some of the time (3)
- ◯ A little of the time (2)
- ◯ None of the time (1)

Acted irritable toward those around you?

- ◯ All of the time (1)
- ◯ Most of the time (2)
- ◯ A good bit of the time (3)
- ◯ Some of the time (4)
- ◯ A little of the time (5)
- ◯ None of the time (6)

Made unreasonable demands on your family and friends?

- ◯ All of the time (1)
- ◯ Most of the time (2)
- ◯ A good bit of the time (3)
- ◯ Some of the time (4)
- ◯ A little of the time (5)
- ◯ None of the time (6)

Gotten along well with other people?

- ◯ All of the time (6)
- ◯ Most of the time (5)
- ◯ A good bit of the time (4)
- ◯ Some of the time (3)
- ◯ A little of the time (2)
- ◯ None of the time (1)

SINGLE-ITEM QUESTIONS

Which of the following statements best describes your work situation during the past month?

- ◯ Working full-time
- ◯ Working part-time
- ◯ Unemployed
- ◯ Looking for work
- ◯ Unemployed because of my health
- ◯ Retired because of my health
- ◯ Retired for some other reason

During the past month, how many days did illness or injury keep you in bed all or most of the day? Indicate anything from 0-31 days.:

During the past month, how many days did you cut down on the things you usually do for one-half day or more because of your own illness or injury? Indicate anything from 0-31 days.:

During the past month, how satisfied were you with your sexual relationships?

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Not sure
- ◯ Dissatisfied
- ◯ Very dissatisfied
- ◯ Did not have any sexual relationships

How do you feel about your own health?

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Not sure
- ◯ Dissatisfied
- ◯ Very dissatisfied

During the past month, how often did you get together with friends or relatives, such as going out together, visiting each other's homes, or talking on the telephone?

- ◯ Every day
- ◯ Several times a week
- ◯ About once a week
- ◯ Two or three times a month
- ◯ About once a month
- ◯ Not at all