FUNCTIONAL INDEX

Please mark the ONE answer in each section that best describes the general functional level of the patient during the last week. Answer questions 1-10 for PT ONLY or questions 1-14 for both PT and OT.

1. BED MOBILITY
   - Independent in moving from lying down to sitting on edge of bed
   - Independent in moving from lying down to sitting on edge of bed using a rail or adaptive equipment
   - Moving from lying down to sitting on edge of bed requires minimal assistance of another person
   - Moving from lying down to sitting on edge of bed requires moderate assistance of another person
   - Moving from lying down to sitting on edge of bed requires maximum assistance of another person
   - Dependent in all aspects of moving from lying down to sitting on edge of bed

2. TRANSFERS
   - Independent in transfers to all surfaces
   - Independent in transfers with assistive devices, set up or supervision
   - Transfers with light or minimal assist from another person
   - Transfers with moderate assist from another person
   - Transfers with heavy / maximal assist from another person
   - Dependent assist of one or two people necessary for transfers

3. WALKING
   - Independent and safe walking on all types of terrain
   - Independent walking with an assistive device (crutches, cane, walker) on all terrain
   - Walking requires light to minimal manual assist with or without a device
   - Walking requires moderate manual assist with or without a device
   - Walking requires heavy maximum manual assist with or without a device
   - Unable to walk

4. STAIRS
   - Is able to negotiate stairs independently without any type of support or handrail
   - Is able to negotiate stairs independently, with the handrail, crutch or cane.
   - Is only able to negotiate stairs with minimal manual assist
   - Is only able to negotiate stairs with moderate manual assist
   - Is only able to negotiate stairs with maximum manual assist
   - Is unable to negotiate stairs

5. BALANCE / STANDING
   - Able to stand independently without support for all activities
   - Able to stand independently with support or use of an assistive device for all activities
   - Minimal or light support required to stand during an activity and / or has had occasional falls
   - Moderate support required to stand during an activity and / or has had frequent falls
   - Maximal support required to stand for even brief periods of time
   - Unable to stand

6. CARRYING
   - Able to carry any load independently
   - Able to carry moderate loads independently
   - Able to carry light loads independently
   - Able to carry light loads with assistive equipment
   - Able to carry light loads with assistance from another person
   - Unable to carry anything

7. REACHING
   - Able to reach to a high shelf to place an object with both the right and left arm
   - Able to reach to a high shelf to place an object with either left or the right arm only
   - Able to reach to a high shelf to place an object only if holding on for support
   - Unable to reach to a high shelf but can place on object on a chest high shelf
   - Able to reach to a counter height to place an object
   - Unable to reach arm above waist level

8. ENDURANCE
   - Endurance does not limit any activity.
   - With planning, endurance does not limit activity
   - Rest periods are necessary to complete community activities
   - Rest periods are necessary to complete household activities
   - Occasional rest periods are necessary to complete a single activity
   - Frequent rest periods are necessary to complete a single activity
9. **WORK / HOMEMAKING**  
(Appplies to work in home and outside)  
- [ ] Able to work in the home or on the job independently  
- [ ] Ability to work in the home or on the job is limited by endurance or physical condition  
- [ ] Able to work in the home or on the job only with modification or adaptive equipment  
- [ ] Able to work in the home with minimal assistance from others  
- [ ] Able to work in the home with moderate assistance from others  
- [ ] Unable to do any work in the home.  

10. **COMPREHENSION OF DIRECTIONS OR CONVERSATION**  
- [ ] Able to follow complex or abstract directions and conversation  
- [ ] Able to consistently follow basic directions and conversation  
- [ ] Able to follow directions and conversation but requires occasional verbal, visual or physical cues  
- [ ] Able to follow directions and conversation but requires verbal, visual or physical cues most of the time  
- [ ] Able to follow directions and conversation but requires verbal, visual or physical cues all of the time  
- [ ] Unable to follow directions or conversation even with cues  

**FOR OCCUPATIONAL THERAPY PATIENTS:**  
Please also answer questions 11-14.  

11. **PERSONAL CARE**  
(Bathing, grooming)  
- [ ] Independent and safe in all personal care  
- [ ] Independent in personal care with additional time  
- [ ] Independent in personal care with set up or adaptive equipment  
- [ ] Able to perform personal care tasks with minimal assistance from another person  
- [ ] Able to perform personal care tasks with moderate assistance from another person  
- [ ] Able to perform personal care tasks with maximum assistance from another person  

12. **DRESSING: UPPER BODY**  
- [ ] Able to dress and undress upper body independently  
- [ ] Able to dress and undress upper body independently with additional time  
- [ ] Able to dress and undress upper body independently with adaptive equipment or set up  
- [ ] Able to dress and undress upper body with minimal assistance from another person  
- [ ] Able to dress and undress upper body with moderate assistance from another person  
- [ ] Able to dress and undress upper body with maximum assistance from another person  

13. **DRESSING: LOWER BODY**  
- [ ] Able to dress and undress lower body independently  
- [ ] Able to dress and undress lower body independently with additional time  
- [ ] Able to dress and undress lower body independently with adaptive equipment or set up  
- [ ] Able to dress and undress lower body with minimal assistance from another person  
- [ ] Able to dress and undress lower body with moderate assistance from another person  
- [ ] Able to dress and undress lower body with maximum assistance from another person  

14. **EATING**  
- [ ] Able to feed self independently  
- [ ] Able to feed self independently with extra time  
- [ ] Able to feed self independently with set up or adaptive equipment  
- [ ] Able to feed self with minimal assistance  
- [ ] Able to feed self with moderate assistance  
- [ ] Able to feed self with maximum assistance  

**ACUITY**  
(Answer on initial visit.)  
How many days ago did onset/injury occur?  

**PLEASE DO NOT COMPLETE THE FOLLOWING SECTIONS ON FIRST VISIT**

**PAIN INDEX**  
Please indicate the worst your pain has been in the last 24 hours on the scale below.  

No Pain | Worst Pain Imaginable  

**IMPROVEMENT INDEX**  
Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.  

No Improvement | Complete Recovery  

**WORK STATUS**  
(check most appropriate)  
1. [ ] No lost work time  
2. [ ] Return to work without restriction  
3. [ ] Return to work with modification  
4. [ ] Have not returned to work  
5. [ ] Not employed outside the home  

Work days lost due to condition: ______ days  

I am aware that the information gathered on this form may be used anonymously for research or publication. Please initial: ______