



Functional Self Assessment (LE)

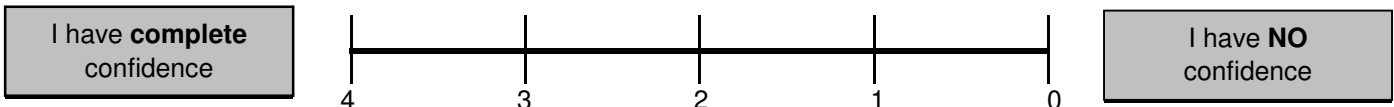
Name: _____ DOB: _____ MR #: _____

Instructions: Please circle the level of difficulty you have for each activity in the last 2 weeks. If you have not attempted the activity, check not applicable.

Activity	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
Moving- lying to sitting	4	3	2	1	0	
Sitting	4	3	2	1	0	
Standing	4	3	2	1	0	
Squatting	4	3	2	1	0	
Bending/stooping	4	3	2	1	0	
Kneeling	4	3	2	1	0	
Balancing	4	3	2	1	0	
Walking-short distance	4	3	2	1	0	
Walking-long distance	4	3	2	1	0	
Walking-uneven surface	4	3	2	1	0	
Climbing stairs	4	3	2	1	0	
Jumping	4	3	2	1	0	
Running	4	3	2	1	0	
Sprinting	4	3	2	1	0	
Cutting, change directions	4	3	2	1	0	

Total:

Thinking about ALL of the activities you would like to do, please mark an "X" at the point on the line that best describes your overall level of CONFIDENCE with these activities in the last 2 weeks.



For Office Use Only: Evaluation Re-evaluation Discharge

Scoring:

A = Sum of total scores

B = Confidence score

C = Number of not applicable ___ X 4

Total Score = (A + B) / (64 - C) X 100 =

Clinician: _____ Signature: _____ Date: _____