

General Function Capacity Questionnaire

How would you rate your current functional capacity in the following areas as it applies to your activities of daily living?

Please **circle the number** which best describes how your ability to function affects these six categories of activities.

1. **FAMILY/AT-HOME RESPONSIBILITIES** SUCH AS YARD WORK, CHORES AROUND THE HOUSE OR DRIVING THE KIDS TO SCHOOL:

0 1 2 3 4 5 6 7 8 9 10

COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

2. **RECREATION** INCLUDING HOBBIES, SPORTS OR OTHER LEISURE ACTIVITIES:

0 1 2 3 4 5 6 7 8 9 10

COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

3. **SOCIAL ACTIVITIES** INCLUDING PARTIES, THEATER, CONCERTS, DINING – OUT AND ATTENDING OTHER SOCIAL FUNCTIONS:

0 1 2 3 4 5 6 7 8 9 10

COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

4. **EMPLOYMENT** INCLUDING VOLUNTEER WORK AND HOMEMAKING TASKS:

0 1 2 3 4 5 6 7 8 9 10

COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

5. **SELF-CARE** SUCH AS TAKING A SHOWER, DRIVING OR GETTING DRESSED:

0 1 2 3 4 5 6 7 8 9 10

COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

6. **LIFE-SUPPORT ACTIVITIES** SUCH AS EATING AND SLEEPING:

0 1 2 3 4 5 6 7 8 9 10

COMPLETELY ABLE TO FUNCTION TOTALLY UNABLE TO FUNCTION

PATIENT NAME _____

DATE _____

SCORE _____ [60]

BENCHMARK = 5 _____