

Functional Status Questionnaire

Name:

Date Accomplished:

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...

1. 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)

2. 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)

3. 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...

1. 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)

2. 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)

3. 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)

4. 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)

5. 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)

6. 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...

1. 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)

2. 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)

3. Have you felt downhearted and blue?

- ☐ 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)

4. 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)

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

- ☐ 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)

Social/Role Function

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

During the past month have you...

1. 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)

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

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

3. 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)

4. 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)

5. 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)

6. 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...

1. 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)

2. 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)

3. 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...

1. 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)

2. 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)

3. 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)

4. 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)

5. 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

1. 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

2. 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.

..... days

3. 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.

..... days

4. 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

5. How do you feel about your own health?

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

6. 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

Scoring

Equation:

- Scale Score = (added scores per question) - (number of questions in the section) / (number of questions in the section).
- Scale Score x 100 / (number of questions in the section) = (the total score for the section)

Example:

- To give you a better picture, we'll give you an example. For this one, we will be looking at the Basic ADLs section, which has three questions. Let's say they got the highest score possible for each question. The calculation for this would be:
 - (4+4+4) - 3 / 3 = 3 (Scale Score)
 - 3 x 100 / 3 = 100 (total score for the section)

Basic Activities of Daily Living:

Intermediate Activities of Daily Living:

Mental Health:

Work Performance:

Social Activity:

Quality of Interactions:

Score Ranges

Category	Warning	Good
Basic ADLs	0 - 87	88 - 100
Intermediate ADLs	0 - 77	78 - 100
Mental Health	0 - 70	71 - 100
Work Performance	0 - 78	79 - 100
Social Activities	0 - 78	79 - 100
Quality of Interactions	0 - 69	70 - 100