

ASSESSMENT COMPLETED BY: _____
 RELATION TO PATIENT: _____
 DATE COMPLETED: _____

FUNCTIONAL ASSESSMENT

FATIGUE:

1. How much does fatigue interfere with daily, work, or school functioning? **(check one below)**

Fatigue is <i>not a problem</i>	Fatigue <i>mildly</i> limits activities	Fatigue <i>moderately</i> limits activities	Fatigue <i>severely</i> limits activities

2. Please indicate number of naps patient takes daily: _____
 3. Please indicate typical duration of naps: _____
 4. Please indicate typical number of hours of sleep patient gets each night: _____
 5. Does patient takes medication to help sleep? YES NO
 6. Does patient take medication(s) during the day that may cause drowsiness? YES NO
 NAME OF MEDICATION(S): _____

COGNITIVE-COMMUNICATIVE ABILITIES:

Please check the appropriate boxes below.

Ability	No Problem	Mild Problem	Moderate Problem	Severe Problem
Concentrating for <i>short periods</i> of time				
Concentrating for <i>extended periods</i> of time				
Concentrating <i>when there is noise or other distractions</i>				
Concentrating <i>on more than one thing at a time</i>				
Mental endurance to get through the day at home, work, or school				
Feeling overwhelmed or anxious in large crowds or noisy environments – avoid them or leave early				
Feeling overwhelmed or anxious in large or visually stimulating places (i.e., department store, mall)				
Paying attention to what time it is				
Paying attention to what is happening in surrounding environment				

Ability	No Problem	Mild Problem	Moderate Problem	Severe Problem
Initiating to participate in daily activities or interactions				
Planning activities & to-do tasks for each day				
Following through with plans & completing to-dos				
Putting tasks in order of priority – anticipating needs and deadlines				
Estimating the amount of time it will take to complete tasks				
Being flexible to change plans if other priorities arise				
Getting places on time (appointments, work, etc)				
Generating solutions to problems that are realistic and practical				
Anticipating positive & negative consequences of actions				
Considering needs of self and/or others when making decisions				
Self-initiating solutions to solve problems – acting upon ideas				
Avoiding activities that are unsafe or restricted by physician as result of injury/illness				
Remembering appointments				
Remembering to-dos				
Remembering conversations & interactions				
Remembering day to day events				
Remembering medications				
Remembering faces				
Remembering to turn off the stove				
Remembering to lock the door				
Remembering the laundry is in the washer				
Remembering childhood				
Remembering life from before accident/illness				

Ability	No Problem	Mild Problem	Moderate Problem	Severe Problem
Remembering friends & family known before accident/illness				
Comprehending when reading labels on products and medication bottles				
Comprehending when reading chapters of a book				
Staying focused while reading a book or magazine				
Remembering what was read				
Understanding speech when someone is talking				
Understanding speech when on the phone				
Understanding conversation in a group of people				
Enunciating speech sounds				
Thinking of words to express self				
Organizing thoughts to express ideas clearly and concisely				
Accessing more complex vocabulary to express self (if possessed a strong vocabulary before injury/illness)				
Spelling/writing for daily/work needs				

BEHAVIOR AND SOCIAL INTERACTION:

Please check the appropriate boxes below.

BEHAVIORS, FEELINGS, AND INTERACTIONS	No Problem	Mild Problem	Moderate Problem	Severe Problem
Swearing more than usual				
Yelling at others				
Hitting others				
Hitting walls or objects				
Acting dangerously				
Overreacting to situations				
Crying more than usual – particularly at times when stressed or overwhelmed				
Laughing more than usual or at the wrong time – particularly at times when stressed or overwhelmed				

BEHAVIORS, FEELINGS, AND INTERACTIONS	No Problem	Mild Problem	Moderate Problem	Severe Problem
Saying inappropriate or embarrassing things in front of others				
Touching others inappropriately				
Touching self inappropriately in front of others				
Standing too close to others when interacting – get in their personal space				
Initiating to talk to others – to start conversations				
Talking too much – rambles on....				
Jumping from one topic to another while talking – forgetting the original topic at times				
Interrupting others when they are in the middle of speaking				
Forgetting to make eye contact when talking to others or being talked to				
Initiating to keep in touch with friends in person, by phone, or correspondence				
Losing friends and acquaintances since injury/illness – they don't seem to visit, call, or correspond like they used to				

ACTIVITIES OF DAILY LIVING:

Please check the appropriate boxes below.

ACTIVITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Getting in & out of tub/shower				
Bathing thoroughly				
Grooming thoroughly				
Dressing upper body				
Dressing lower body				
Paying attention to the left side of body/space				
Paying attention to the right side of body/space				
Getting on & off the toilet				
Initiating to use the toilet				

ACTIVITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Bladder continence				
Bowel continence				
Remembering to take medication(s) on time				
Figuring out how much medication to take by reading the prescription/label				
Remembering medication(s) were already taken – not taking them twice by accident				
Remembering to call in prescription refills				
Remembering to pick up prescription refills once ready				
Locking wheels of wheelchair before transferring out of it or into it				
Transferring to and from wheelchair				
Propelling wheelchair to get around				
Getting in and out of a chair or sofa				
Walking on even surfaces				
Walking on grass, sand, or other uneven surface				
Walking up and down stairs				
Turning while walking to maneuver in kitchen, bathroom, etc				
Maintaining balance to walk within the home				
Physical endurance to get around the home				
Physical endurance to get in and out of car				
Physical endurance to get around the community				
Running/jogging/sports				
Using feeding utensils				
Getting hand to mouth for feeding				
Preparing a cold meal				
Cooking with stove or oven				
Heating food in microwave				
Self-initiating <i>to decide what is needed</i> from grocery store				

ACTIVITY	No Problem	Mild Problem	Moderate Problem	Severe Problem
Self-initiating <i>to go</i> to the grocery store				
<i>Finding items</i> at the grocery store				
<i>Paying for items</i> at the grocery store				
Light household cleaning				
Laundry (wash, dry, fold, put away)				
Household maintenance				
Yardwork				
Remembering when bills are due				
Reading bills to determine amount to be paid				
Writing checks to pay bills or paying on the internet				
Remembering to mail out bills that have been paid				
Solving problems with bills (i.e., payment was made, but not received)				
Bathing children				
Taking care of child's medical needs				
Playing with children				
Supervising children for safety / providing safe environment for children				
Disciplining children				
Tolerating noise and typical behavior of children				

Thank you for taking the time to complete this assessment. Please add any additional comments below.

ACADEMIC SKILL	No Problem	Mild Problem	Moderate Problem	Severe Problem
Understanding class lectures				
Understanding teacher instructions for assignments				
Paying attention in class				
Concentrating when reading or to complete assignments				
Sounding out words when reading				
Identifying meaning of words when reading				
Remembering content of what is read				
Understanding more abstract language when reading				
Keeping homework and class notes organized				
Remembering to complete homework assignments				
Remembering to turn in homework and projects				
Self-initiating to complete homework, projects, or prepare for tests/quizzes				
Learning and retaining what is learned to take tests/quizzes				
Motivation toward school				

Does patient have a history of:

- Dyslexia? ___ YES ___ NO
- Nonverbal Learning Disorder? ___ YES ___ NO
- Specified Learning Disorder (SLD)? ___ YES ___ NO
- Learning Delay? ___ YES ___ NO
- Concussion During Sports? ___ YES ___ NO

Did patient reach childhood developmental milestones on time for speech, language, and motor skills? ___ YES ___ NO

List current classes and grades for each:

Class:	Grade:	Class:	Grade:
Class:	Grade:	Class:	Grade:
Class:	Grade:	Class:	Grade:

List extracurricular activities (sports, clubs, playtime, etc):