Name:
Date:

OVERALL FUNCTIONAL ABILITY:

How would you rate your overall ability to function **over the last month or since your last assessment**?
The definitions provided below are only a guide. *Please choose the answer you feel best reflects your level of function given your own personal circumstances.*

o 100% You feel "normal" most of the time and are able, if desired, to work or attend school full-time without modifications.
o 90% You have or feel ready to return to work or attend school full-time with modifications and have or believe you will tolerate this with only mild symptoms most of the time.
o 80% You have or feel ready to return to work or attend school part-time with modifications and have or believe you will tolerate this with only mild symptoms most of the time.
o 70% You can make social and family commitments most of the time.
o 60% You have more good days than bad days.
o 50% You are trying to have a normal life, but you still have more bad days than good days.
o 40% You get out of bed most of the time and can do more than just "survive."
o 30% You are bedridden a few days a week.
o 20% You are mostly bedridden; you can do basic daily tasks, but with great effort.
o 10% You are completely bedridden and are dependent on caregiver assistance.