

PHYSICAL ABILITY ASSESSMENT FORM

PATIENT NAME: _____

DATE OF BIRTH: _____

Instructions: Please fill out this form to the best of your ability. Assume that you have to perform these activities over 8 to 10 hours per day

		Not At All	Occasionally (1-33%) (<2.5 hours)	Frequently (34 – 66%) (2.5 – 5.5 hrs)	Continuously (67 – 100%) (5.5 + hrs)
Sitting:					
Standing:					
Walking:					
Reaching:	Overhead				
	Desk Level				
	Below Waist				
Fine Manipulation:	Right				
	Left				
Simple Grasp:	Right				
	Left				
Firm Grasp:	Right				
	Left				
Lifting:	10 lbs				
	11-20 lbs				
	21-50 lbs				
	100+ lbs				
Carrying:	10 lbs				
	11-20 lbs				
	21-50 lbs				
	100+ lbs				
Pushing:	Max Wt: _____				
Pulling:	Max Wt: _____				
Climbing:	Stairs				
	Ladders				
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Use of lower extremity (legs&feet) for foot controls	Right:				
	Left:				
	Both:				