



**FUNCTIONAL ASSESSMENT OF DIFFICULTY  
(OPTIMAL INSTRUMENT)  
BASELINE OR FOLLOW-UP**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

INSTRUCTIONS: Please circle the level of difficulty you have for each activity today. If the activity does not apply to you circle the 0 under "Not Applicable".

ACTIVITY	ABLE TO DO WITHOUT ANY DIFFICULTY	ABLE TO DO WITH LITTLE DIFFICULTY	ABLE TO DO WITH MODERATE DIFFICULTY	ABLE TO DO WITH MUCH DIFFICULTY	UNABLE TO DO	NOT APPLICABLE
1. Lying flat	1	2	3	4	5	0
2. Rolling over	1	2	3	4	5	0
3. Moving – Lying to Sitting	1	2	3	4	5	0
4. Sitting	1	2	3	4	5	0
5. Squatting	1	2	3	4	5	0
6. Bending/stooping	1	2	3	4	5	0
7. Balancing	1	2	3	4	5	0
8. Kneeling	1	2	3	4	5	0
9. Standing	1	2	3	4	5	0
10. Walking – short distances	1	2	3	4	5	0
11. Walking – long distances	1	2	3	4	5	0
12. Walking – outdoors	1	2	3	4	5	0
13. Climbing stairs	1	2	3	4	5	0
14. Hopping	1	2	3	4	5	0
15. Jumping	1	2	3	4	5	0
16. Running	1	2	3	4	5	0
17. Pushing	1	2	3	4	5	0
18. Pulling	1	2	3	4	5	0
19. Reaching	1	2	3	4	5	0
20. Grasping	1	2	3	4	5	0
21. Lifting	1	2	3	4	5	0
22. Carrying	1	2	3	4	5	0

From the list above, list the 3 activities you would most like to be able to do without any difficulty:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

From the 3 activities, you just listed, write down the one activity you would most like to be able to do without any difficulty:

PRIMARY GOAL: \_\_\_\_\_

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