Physical Functional Ability Questionnaire (FAQ5)  

Instructions: Circle the number (1-4) in each of the groups which best summarizes your ability. Add the numbers and multiply by 5 for total score out of 100.

___Self-care ability assessment
1. Require total care - for bathing, toilet, dressing, moving and eating
2. Require frequent assistance
3. Require occasional assistance
4. Independent with self-care

___Family and social ability assessment
1. Unable to perform any - chores, hobbies, driving, sex and social activities
2. Able to perform some
3. Able to perform many
4. Able to perform all

___Movement ability assessment
1. Able to get up and walk with assistance, unable to climb stairs
2. Able to get up and walk independently, able to climb one flight of stairs
3. Able to walk short distances and climb more than one flight of stairs
4. Able to walk long distances and climb stairs without difficulty

___Lifting ability assessment
1. Able to lift up to 10# occasionally
2. Able to lift up to 20# occasionally
3. Able to lift up to 50# occasionally
4. Able to lift over 50# occasionally

___Work ability assessment
1. Unable to do any work
2. Able to work part-time and with physical limitations
3. Able to work part-time or with physical limitations
4. Able to perform normal work

___Physical Functional Ability (FAQ5) Score