

Name: _____

Date: _____

Neil King Physical Therapy Personal Function Limitation Scale

According to the scale provided, rate the following activities as they relate to your current symptoms for which you are seeking treatment. When rating, please consider pain, strength, and time required to complete these activities on your worst day since onset of symptoms.

0	1	2	3	4	5	6	7	8	9	10
Able to perform the activity at the same level as before injury or problem								Unable to perform activity		

^ Bed Activities: 0 1 2 3 4 5 6 7 8 9 10

- _____ Laying down
- _____ Moving in bed
- _____ Managing blankets and pillows
- _____ Sitting up
- _____ Other: _____

^ Hygiene Activities: 0 1 2 3 4 5 6 7 8 9 10

- _____ Brushing teeth
- _____ Managing hair
- _____ Bathing self
- _____ Other: _____

^ Eating Activities: 0 1 2 3 4 5 6 7 8 9 10

- _____ Using utensils
- _____ Cutting food
- _____ Lifting glass
- _____ Other: _____

^ Light Housework: 0 1 2 3 4 5 6 7 8 9 10

- _____ Dusting
- _____ Washing dishes
- _____ Vacuuming
- _____ Other: _____

^ Shopping: 0 1 2 3 4 5 6 7 8 9 10

- _____ Pushing cart
- _____ Loading cart
- _____ Carrying groceries
- _____ Other: _____

^ Dressing Activities: 0 1 2 3 4 5 6 7 8 9 10

- _____ Putting on shirt
- _____ Managing shoes and socks
- _____ Managing undergarments
- _____ Other: _____

^ Walking Activities: 0 1 2 3 4 5 6 7 8 9 10

- _____ On cement
- _____ On grass or hills
- _____ Other: _____

How far or how long can you walk before symptoms start or begin to get worse? _____

^ Driving car: 0 1 2 3 4 5 6 7 8 9 10

- _____ Getting in/out
- _____ Checking blind spots
- _____ Other: _____

^ Lifting: 0 1 2 3 4 5 6 7 8 9 10

- _____ From floor
- _____ From table
- _____ From overhead
- _____ Other: _____

^ Carrying: 0 1 2 3 4 5 6 7 8 9 10

- _____ Less than 5 lbs
- _____ More than 5 lbs
- _____ Other: _____

^ Reaching Overhead: 0 1 2 3 4 5 6 7 8 9 10

^ Reaching to the side: 0 1 2 3 4 5 6 7 8 9 10

^ Stair Management: 0 1 2 3 4 5 6 7 8 9 10

- _____ Walking up stairs
- _____ Walking down stairs

^ Moving from sit to stand or stand to sit:

0 1 2 3 4 5 6 7 8 9 10

^ Sitting: 0 1 2 3 4 5 6 7 8 9 10

How long can you sit before symptoms start or begin to get worse? _____

^ Standing: 0 1 2 3 4 5 6 7 8 9 10

How long can you stand before symptoms start or begin to get worse? _____

^ Sleeping: 0 1 2 3 4 5 6 7 8 9 10

How many hours can you sleep without disturbances from your symptoms? _____

^ How do you rate your morning pain? _____

^ How do you rate your evening pain? _____

^ Recreational activities: 0 1 2 3 4 5 6 7 8 9 10

^ Job related activities: 0 1 2 3 4 5 6 7 8 9 10

^ Other: _____