

## Functional Limitation Reporting- Medicare Required

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Check ALL the boxes that apply (*whether unable or simply difficult to do*)

<b>INDEPENDENT ADL'S</b>	
	Difficulty shopping for food
	Difficulty preparing food and/or cooking a meal
	Difficulty with housekeeping
	Difficulty doing laundry
	Difficulty with driving (short distances)
<b>SELF CARE</b>	
	Difficulty with bathing/showering
	Difficulty washing body parts (i.e. behind back or behind head, other)
	Difficulty brushing teeth
	Difficulty doing hair
	Difficulty dressing/undressing
	Difficulty putting on shoes/socks
<b>MOBILITY: WALKING AND MOVING AROUND</b>	
	Do you currently needs to use crutches, cane or a walker?
	Difficulty walking short distances (between rooms)
	Difficulty walking medium distances (3 city blocks)
	Difficulty walking long distances (1 mile)
	Difficulty with stairs
	Difficulty walking in crowd places
	Difficulty walking uneven surfaces or different terrains (grass, stone)
	Difficulty or unable to run, jump, plant, cut
<b>CHANGING AND MAINTAINING BODY POSITIONS</b>	
	Difficulty with prolonged sitting
	Difficulty with prolonged standing
	Difficulty with squatting
	Difficulty with kneeling
	Difficulty with rolling over in bed
	Difficulty going from sit to stand
	Difficulty getting in and out of car
	Difficulty getting on and off the floor
<b>CARRYING, MOVING, HANDLING OBJECTS</b>	
	Difficulty working on a computer
	Difficulty reaching for objects
	Difficulty or pushing or pulling objects w/ your arms
	Difficulty with activities that involves twisting or turning the arm
	Difficulty picking up or manipulating small objects
	Difficulty performing work related task (includes care giving, volunteering)
	Difficulty performing hobbies or sport