DHS Oregon Department of Human Services

Functional Capacity Self-Assessment Form

Name: _____

During an 8-hour day, I can *(check full capacity for each activity)***:**

a. Sit	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	(Hours)
b. Stand	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	(Hours)
c. Walk	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	(Hours)

I am able to:	Not at all	Occasionally	Frequently	Continuously
a. Bend	☐	☐	☐	☐
b. Squat	☐	☐	☐	☐
c. Crawl	☐	☐	☐	☐
d. Climb	☐	☐	☐	☐
e. Reach above shoulder level	☐	☐	☐	☐

I can carry:	Not at all	Occasionally	Frequently	Continuously
a. Up to 10 lbs.	☐	☐	☐	☐
b. 11-20 lbs.	☐	☐	☐	☐
c. 21-50 lbs.	☐	☐	☐	☐
b. 51-100 lbs.	☐	☐	☐	☐

I can lift:	Not at all	Occasionally	Frequently	Continuously
a. Up to 10 lbs.	☐	☐	☐	☐
b. 11-20 lbs.	☐	☐	☐	☐
c. 21-50 lbs.	☐	☐	☐	☐
b. 51-100 lbs.	☐	☐	☐	☐

I can use feet for repetitive movements as in operating foot controls:

Right: ☐ Yes ☐ No Left: ☐ Yes ☐ No Both: ☐ Yes ☐ No

I can use hands for repetitive movements such as:

	Keyboarding	10 Key	Simple grasping	Pushing and pulling	Fine manipulation
Right:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Left:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

I am restricted in activities involving:	Yes	No	Comments
a. Unprotected heights	☐	☐	_____
b. Being around moving machines	☐	☐	_____
c. Exposure to marked changes in temperature and humidity	☐	☐	_____
d. Driving automotive equipment	☐	☐	_____
c. Exposure to dust, fumes and gasses	☐	☐	_____
f. Other *(explain)*			

Client signature: _____ Date: _____