

**Hand and Arm Functional Abilities Rating**  
**North Valley Physical and Occupational Therapy**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions**

Please rate your ability to do the following activities by writing the number which best describes the level of difficulty you currently have in completing each activity now as compared to before the problem(s) first began. Use the number next to each  
 No difficulty = 0    Mild Difficulty = 1    Moderate Difficulty = 2    Severe Difficulty = 3    Unable = 4

	Date		Goal	Goal	Date	Goal	Goal	Date
	Date ►							
Open a tight or new jar?		▼ Your Therapist Will Complete These Columns ▼						
Write (only if dominate hand involved)?								
Turn a key in a door/car?								
Prepare a meal?								
Tie shoes?								
Fasten a button - shirt?								
Fasten a button - pants?								
Apply make-up/shave?								
Turn a door knob?								
Place an object on a shelf above your head?								
Make a bed?								
Address an envelope?								
Carry a heavy object (about 10 lbs.)?								
Wash or Dry your hair?								
Retrieve coins from you pant pocket?								
Put on a pull over shirt/sweater?								
Cut your food with fork or knife?								
Type a short email?								
Tuck in your shirt?								
Lift a mug?								

Are any to the above activates limited by something other than what we are seeing you for today?

Yes    No

If YES, Explain -