

Neurological Functional Index

Name _____

Date _____

Please check **ONE** for each section.

Section 1-Writing

- 0) I don't have any difficulty writing
- 1) I can write with minimal difficulty
- 2) I have moderate difficulty writing
- 3) I have great difficulty writing
- 4) I require special tools to write
- 5) I cannot write

Section 2-Bathing

- 0) I don't have any difficulty bathing
- 1) I have minimal difficulty bathing
- 2) I have moderate difficulty bathing
- 3) I must use a shower bench/long handled sponge
- 4) I require some assistance to bathe
- 5) I require extensive assistance to bathe

Section 3-Dressing

- 0) I don't have any difficulty dressing
- 1) I have minimal difficulty dressing
- 2) I have moderate difficulty dressing
- 3) I must use assistive devices to dress
- 4) I require some assistance to dress
- 5) I require extensive assistance to dress

Section 4-Standing (Like waiting on line)

- 0) I can stand as long as I want without difficulty
- 1) I can stand 1 hour
- 2) I can stand for ½ hour
- 3) I can stand for 15 minutes
- 4) I can stand for 5 minutes
- 5) I cannot stand more than 1 minute.

Section 5-Walking

- 0) My condition does not bother me when walking and I can walk as long as I want without a device
- 1) I need to use a cane to walk safely, but can walk around the community
- 2) I can use a cane for only shorter distance, but require a walker for longer distances
- 3) I need to use a cane and can only walk inside the house
- 4) I need to use a walker and can only walk inside the house
- 5) I need to use a wheel chair most or all of the time

Section 6-Stairs

- 0) My condition does not bother me and I can readily go up or down the stairs.
- 1) I can go up and down stairs without stopping, but slowly
- 2) I stop with each step, but can walk up and down 20 stairs with minimal difficulty
- 3) I stop with each step, and can only walk up and down 10 stairs or less
- 4) I pull myself up with the rails, and can barely make it
- 5) I cannot go up or down the stairs.

Section 7- Sitting up in Bed

- 0) I can roll to either side and sit up without difficulty
- 1) I can roll to either side, but have slight difficulty sitting up
- 2) I can roll to either side, but have great difficulty sitting up
- 3) I can roll to either side, but require a rail to sit up
- 4) I have great difficulty rolling and require a rail or assistance of another person to sit up
- 5) I require assistance of another person to roll and sit up

Section 8- Car Transfer

- 0) I can get in and out of the car without difficulty myself
- 1) I have some difficulty, but am able to get in and out of the car by myself
- 2) I have moderate difficulty getting in and out of the car, but am able to do it myself
- 3) I have great difficulty getting in and out of the car, but am able to do it myself
- 4) I require minimal assistance to get in and out of the car
- 5) I require extensive assistance to get in and out of the car

Section 9-Balance

- 0) I can balance standing without difficulty on uneven surfaces (i.e. rough terrain, thick carpet)
- 1) I have difficulty balancing on only uneven surfaces
- 2) I can balance on all surfaces with a cane
- 3) I can balance on only even/flat surfaces, and require a cane to do so
- 4) I can balance on only even/flat surfaces, and require a walker to do so
- 5) I require assistance to stand

Section 10-Recreation/Social Life/Chores

- 0) I am able to engage in all my social recreational activities or chores without limitation
- 1) I am able to participate in all social and recreation or do chores but it may increase my symptoms
- 2) My social and recreation activities or chores have only been slightly restricted because of my problem.
- 3) My social and recreation or chores activities have been moderately restricted because of my problem.
- 4) My social and recreation activities or chores have been severely restricted because of my problem.
- 5) I am not able to participate in any social and recreational activities or do chores.

Score _____