

Daily Functioning Log for Disability

Comprehensive 6-page functional capacity log designed for disability evaluators — with capacity scales, daily timelines, and self-care impact tracking.

Name:

Date Range:

Daily Functioning Assessment

Rate each area: Y = No difficulty | ~ = Some difficulty | X = Unable | N/A = Not attempted. Complete every day.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bathing/Showering							
Dressing							
Preparing meals							
Eating							
Housework/cleaning							
Walking (15 min)							
Stairs							
Driving							
Shopping/errands							
Sitting (30 min)							
Standing (15 min)							
Lifting (10 lbs)							
Concentrating (1 hr)							
Social interaction							

Assistance Required

Help received from:

Tasks they helped with:

Additional Limitations & Notes

Functional Capacity Rating Scale (0-5)

Use this scale for the detailed assessment on the next page. Evaluators need to see the range of your limitations.

Rating	Meaning	Example
0	Unable — cannot perform at all	Cannot walk to bathroom without assistance
1	Severe difficulty — needs help	Can dress upper body only; needs help with lower
2	Significant difficulty — very limited	Can stand for 5 minutes; must sit after
3	Moderate difficulty — restricted	Can prepare simple meals; cannot cook full meal
4	Mild difficulty — mostly capable	Can walk 15 min with one rest break
5	No difficulty — full capacity	Can perform activity without limitation

Detailed Capacity Assessment (Rate 0-5)

Domain	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Self-care (bathing, dressing)							
Meal preparation							
Household tasks							
Walking / mobility							
Physical tasks (lifting, carrying)							
Driving / transportation							
Cognitive (focus, memory)							
Social (leaving house, interacting)							

Daily Activity Timeline

Document what you did at each time period. Include rest periods — evaluators need to see total functional hours vs rest hours.

Time	Activity / Status	Pain (0-10)	Capacity (0-5)	Help Needed?
7-8 AM				
8-9 AM				
9-10 AM				
10-11 AM				
11-12 PM				
12-1 PM				
1-2 PM				
2-3 PM				
3-4 PM				
4-5 PM				
5-6 PM				
6-8 PM				
8-10 PM				

Total active hours today: _____

Total resting/lying down hours: _____

Medication & Treatment Log

Track all medications including timing relative to activities. Evaluators need to see that medication enables (or fails to enable) daily functioning.

Date	Medication / Treatment	Dose	Time Taken	Relief (0-10)	Duration of Relief	Side Effects

Non-Medication Treatments

Track every intervention: physio, OT, assistive devices, home modifications. Document what you tried, how long, and the functional result.

Date	Treatment Type	Duration (min)	Pain Before (0-10)	Pain After (0-10)	Helpful? (Y/N)	Notes

Treatment Effectiveness Summary

Rate each treatment: 1 = No functional improvement, 3 = Moderate, 5 = Significant. Focus on what treatments let you DO, not just pain reduction.

Treatment	Week 1	Week 2	Week 3	Week 4	Continue? (Y/N)	Notes

Functional Impact Assessment

Rate 0 = Unable to 10 = Full capacity. Evaluators compare this to your 0-5 capacity scale on Page 2. Be consistent with both.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Walking (distance before stopping)							
Standing (minutes)							
Sitting (minutes)							
Lifting (max lbs)							
Bending / stooping							
Reaching / overhead							
Fine motor / gripping							
Stair climbing							
Concentration (minutes)							
Driving (minutes)							

Self-Care & Daily Living

Mark: Y = Independent ~ = Modified / used aids X = Unable H = Needed help from another person.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bathing (time + aids)							
Dressing independently							
Cooking a full meal							
Cleaning (type + duration)							
Shopping (walking + carrying)							
Using public transit							
Total active vs. resting hours							

Assistive Devices Used & Environmental Modifications Needed

Weekly Summary — Functioning Log

This summary page cross-references your hourly timeline and capacity scores. Evaluators will compare week-over-week trends.

Week of: _____

Average Pain Level (0-10): _____

Worst Day (date + level): _____

Best Day (date + level): _____

Flare Days This Week: _____

Sleep Quality Average (1-5): _____

Days housebound this week: _____

Help received from others (hours): _____

Average capacity rating (0-5): _____

Pattern Observations

Most difficult times of day: _____

Activities requiring assistance: _____

Capacity score trend (improving/declining/stable): _____

Barriers to independence this week: _____

Questions for Next Appointment

1. _____
2. _____
3. _____
4. _____
5. _____

Week-Over-Week Functional Changes for Evaluator

