Daily Functioning Log for Disability

Track functional limitations that disability evaluators need to see.

Name: _____

Date Range: _____

Daily Functioning Assessment

Rate each area:' = No difficulty | ~ = Some difficulty |' = Unable | N/A = Not attempted

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							

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Assistance Required

Help received from: _____

Tasks they helped with: _____

Additional Limitations & Notes