



FCAP

Functional Capacity Assessment Profile[®]

Name: _____ Test Date: _____/_____/_____

Date of Birth: _____ Marital Status: _____ Gender: _____

Education: _____ Occupation: _____

INSTRUCTIONS: This questionnaire consists of a list of activities and behaviors that are a part of everyday living. Please read each item carefully, and then click the circle that best describes **HOW ABLE YOU ARE TO DO THAT ACTIVITY DURING THE PAST 7 DAYS INCLUDING TODAY.** Click only one circle for each item, and do not skip any items. If you change your mind, simply click the desired circle.

Are you able to...	Always	Almost Always	Most of the time	About half of the time	Some of the time	Almost Never	Never
Emotional Management							
1 Reduce or manage stress	0	1	2	3	4	5	6
2 Calm yourself when you feel upset, angry, hurt, sad, depressed, nervous or panicky	0	1	2	3	4	5	6
3 Resolve conflicts with others	0	1	2	3	4	5	6
4 Express anger, hurt, or sadness without hurting others	0	1	2	3	4	5	6
5 Maintain a positive outlook on life and stay motivated	0	1	2	3	4	5	6
6 Maintain a positive self-image (good self-esteem)	0	1	2	3	4	5	6
7 Do things (such as travel or be in public) when you are afraid, or think you might panic	0	1	2	3	4	5	6
8 Stop an uncontrollable urge to do an unwanted behavior (e.g., eating, washing, spending)	0	1	2	3	4	5	6
9 Avoid doing things to purposefully hurt yourself (e.g., vomiting, over-dosing, cutting)	0	1	2	3	4	5	6
10 Stop yourself from emotionally or physically hurting others or damaging property	0	1	2	3	4	5	6
11 Stop yourself from doing mean, hurtful or illegal behaviors	0	1	2	3	4	5	6
Communication and Social Involvement							
	Always		Half			Never	
12 Express your desires clearly and ask for what you want	0	1	2	3	4	5	6
13 Make your own decisions and say "no" if you need to	0	1	2	3	4	5	6
14 Get others to understand you	0	1	2	3	4	5	6
15 Talk about yourself (e.g., activities, interests, likes and dislikes)	0	1	2	3	4	5	6
16 Meet people in new social situations	0	1	2	3	4	5	6
17 Get involved in social activities (participate at least once a month in church, sports, etc.)	0	1	2	3	4	5	6
18 Ask for emotional support (have someone listen and understand)	0	1	2	3	4	5	6
19 Maintain a friendship with someone outside your household with whom you share your feelings	0	1	2	3	4	5	6
20 Provide emotional support and comfort to others	0	1	2	3	4	5	6
21 Engage in meaningful sexual activity with one another	0	1	2	3	4	5	6

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Are you able to...	Always	Almost Always	Most of the time	About half of the time	Some of the time	Almost Never	Never
Health Behaviors							
22 Exercise or even simply walk	0	1	2	3	4	5	6
23 Maintain a routine sleep schedule to get adequate sleep	0	1	2	3	4	5	6
24 Maintain a balanced diet and proper eating habits	0	1	2	3	4	5	6
25 Keep your weight within 20 pounds of what you think it should be	0	1	2	3	4	5	6
26 Treat your own simple medical problems	0	1	2	3	4	5	6
27 Follow a doctor's instructions (for example, take medicine as directed)	0	1	2	3	4	5	6
28 Maintain a tobacco-free lifestyle	0	1	2	3	4	5	6
29 Maintain a drug-free lifestyle (that is, "street" drugs)	0	1	2	3	4	5	6
30 Limit your use of alcohol	0	1	2	3	4	5	6
Personal Management							
	Always		Half			Never	
31 Set personal goals and priorities	0	1	2	3	4	5	6
32 Do the things necessary to accomplish your goals	0	1	2	3	4	5	6
33 Plan a budget and live within it (not spend more than you earn)	0	1	2	3	4	5	6
34 Give your full attention to a task on which you are working (e.g., concentrate?)	0	1	2	3	4	5	6
Leisure							
	Always		Half			Never	
35 Plan or take time for fun activities each week	0	1	2	3	4	5	6
36 Get information about entertainment and fun activities (e.g., where and how to get information)	0	1	2	3	4	5	6
37 Go places using a car, bus, taxi, etc.	0	1	2	3	4	5	6
Self-Care							
	Always		Half			Never	
38 Use appropriate hygiene and grooming skills	0	1	2	3	4	5	6
39 Dress yourself appropriately	0	1	2	3	4	5	6
40 Prepare meals and snacks	0	1	2	3	4	5	6
41 Do house keeping and house cleaning	0	1	2	3	4	5	6
42 Buy the right amount of groceries	0	1	2	3	4	5	6
43 Take medicines as prescribed (limit use to no more than what the doctor prescribed)	0	1	2	3	4	5	6
44 Seek help from your doctor, a clinic or hospital (such as, who and how to ask)	0	1	2	3	4	5	6
45 Ask for help in an emergency or hurtful situation	0	1	2	3	4	5	6
Family Care							
	Always		Half			Never	
46 Discipline your children effectively (without violence)	0	1	2	3	4	5	6
47 Participate in your child's school and class activities (review homework, grades, attendance)	0	1	2	3	4	5	6
48 Listen to and help your child with his/her feelings	0	1	2	3	4	5	6
49 Take care of your children (e.g., feed, clothe, sleep, bathe, comfort, etc.)	0	1	2	3	4	5	6
50 Get information about taking care of your children (such as, who and how to ask)	0	1	2	3	4	5	6
Job-Related							
	Always		Half			Never	
51 Stay calm when someone at work is giving you criticism or instructions	0	1	2	3	4	5	6
52 Adjust to new demands and pressures (e.g., get enough work done)	0	1	2	3	4	5	6
53 Perform duties and tasks at work	0	1	2	3	4	5	6
54 Follow safe work procedures	0	1	2	3	4	5	6
55 Cooperate with co-workers	0	1	2	3	4	5	6