FMC Assessment

Functional Movement Continuum -
A self-assessment of everyday function

Designed to help you better understand
how your body supports everyday life and independence.

This assessment is for educational purposes only and is not a medical diagnosis

Thank you for taking the time to complete this assessment.

Your answers from this assessment will provide a snapshot of how you feel your body is functioning right now. This is not a medical or clinical diagnosis. It is a reflection of how your current daily habits are supporting your ability to maintain **functional movement or fitness**.

Functional fitness refers to how well your body supports the movements needed for everyday life—such as standing up, walking, reaching, lifting, carrying, and maintaining balance. These abilities influence how confident, capable, and independent daily life feels.

How to Complete This Assessment

This assessment is designed to help you become more aware of how your body currently supports everyday activities.

1. You will see a list of common daily activities grouped into different areas of movement. For each activity, you'll choose the response that best describes how easy or difficult it feels for you at this point in time.
2. **There are no right or wrong answers.** This assessment is not about judgment but about honestly noticing how everyday activities feel for you now, based on your own experience.
3. Please choose one response per activity.

If an Activity Does Not Apply to You

Some activities listed may not be part of your daily life. For example, you may not have a dishwasher, you may not garden, or you may not encounter certain situations regularly.

- If you truly do not do an activity, or do it so rarely that you don't know how it would feel, leave that activity blank.
- **Do not skip an activity simply because it is difficult.** Avoiding an activity because it feels hard, uncomfortable, or unsafe is important information and should be reflected in your answer.

How Your Responses Are Counted

- When reviewing or totaling your results, **only count the activities you checked**.
- If you leave any activities blank because they do not apply to you, simply **divide by the number of activities you marked**. This helps keep your results accurate and reflective of your daily life.

If an Activity Feels Different on Different Days

If an activity feels easier on some days and harder on others, choose the response that reflects how it feels **most of the time**.

This is the Rating Scale to use for each Activity:

1 – Easy / Confident
You can do it comfortably and without concern.

2 – Harder than it used to be
You can still do it, but it requires more effort, time, or attention than before.

3 – Struggling / Losing confidence
You find it challenging, avoid it when possible, or feel unsure while doing it.

4 – Feels Unsafe / Can no longer do
You avoid this activity because it feels unsafe, or you are no longer able to do it.

How to Mark Your Responses

- Activities are arranged in sections or domains. Each activity has four boxes**, and each box is labeled with a number**.
- Place an X in the box that best matches how the activity feels for you right now, using the 1-4 rating system above.
- As you move through each activity section or domain, you'll add up the numbers for the activities you marked.

SAMPLE:

Get dressed	Vacuum
1 **X** 2 3 4	1 2 **X** 3 4

When you complete a domain or activity section:

- Add together all of the numbers next to the squares you checked (Ex: 2 + 3 = 5)
- Divide that total by the number of activities you marked (Ex: 5 divided by 2 = 2.5)

This is your score for that domain, which reflects how well that area of movement supports your daily life right now.

Remember, you do not score activities you left blank.

Take your time as you work through the assessment. Most people complete it in about 10–15 minutes.

Let's Get Started

Rating Scale

1 - Easy / Confident
2 - Harder than it used to be
3 - Struggling / Losing confidence
4 - Feels Unsafe / Can no longer do

First, we'll look at how confidently you move around in your own home, doing your normal or daily activities.

1. DAILY MOBILITY - 8 Activities (Leave blank any activity that does not apply to you.)

Get in and out of a chair
☐ 1 ☐ 2 ☐ 3 ☐ 4

Step in or out of the tub or shower
☐ 1 ☐ 2 ☐ 3 ☐ 4

Get in and out of bed
☐ 1 ☐ 2 ☐ 3 ☐ 4

Get dressed
☐ 1 ☐ 2 ☐ 3 ☐ 4

Turn or pivot while walking or standing
☐ 1 ☐ 2 ☐ 3 ☐ 4

Get up during the night safely
☐ 1 ☐ 2 ☐ 3 ☐ 4

Stand at the counter to cook or prep food
☐ 1 ☐ 2 ☐ 3 ☐ 4

Stand at the sink to clean or prep
☐ 1 ☐ 2 ☐ 3 ☐ 4

Add up the numbers next to the boxes you checked. Your Total: _____

Count the number of activities you checked. Your Total:_____

*Divide the box number total by the number of activities you checked.
Domain Score:_____

**Scoring Reminder: Only count activities you checked.*

Why it matters: Having more mobility helps you stay independent, avoid falls, and move about more freely throughout the day. Difficulty with these activities is a sign that strength and/or balance are in decline, but at this stage very reversible with the right movement exercises

Rating Scale

1 - Easy / Confident
2 - Harder than it used to be
3 - Struggling / Losing confidence
4 - Feels Unsafe / Can no longer do

Next, we'll check on your stamina and strength for doing chores or movements that involve bending, lifting, rotating, reaching, pushing, or doing small repeated movements over time.

2. HOUSEHOLD STRENGTH & ENDURANCE - 8 Activities (Leave blank any activity that does not apply to you.)

Sweep
☐ 1 ☐ 2 ☐ 3 ☐ 4

Vacuum
☐ 1 ☐ 2 ☐ 3 ☐ 4

Dust
☐ 1 ☐ 2 ☐ 3 ☐ 4

Mop
☐ 1 ☐ 2 ☐ 3 ☐ 4

Take out the trash
☐ 1 ☐ 2 ☐ 3 ☐ 4

Load or unload the dishwasher
☐ 1 ☐ 2 ☐ 3 ☐ 4

Load or unload the washer or dryer
☐ 1 ☐ 2 ☐ 3 ☐ 4

Clean the bathroom (toilet, tub, shower)
☐ 1 ☐ 2 ☐ 3 ☐ 4

Add up the numbers next to the boxes you checked. Your Total: _____

Count the number of activities you checked. Your Total:_____

*Divide the box number total by the number of activities you checked.
Domain Score:_____

**Scoring Reminder: Only count activities you checked.*

Why it matters: A reduction in endurance and strength makes it difficult to maintain an active and capable lifestyle.

Rating Scale

1 - Easy / Confident
2 - Harder than it used to be
3 - Struggling / Losing confidence
4 - Feels Unsafe / Can no longer do

Now, we'll check on your ability to stay steady while standing, walking, reaching, or stepping onto higher or uneven surfaces. This includes both simple balance and more challenging tasks.

3. BALANCE & STABILITY - 10 Activities (Leave blank any activity that does not apply to you.)

Walking on level ground
☐ 1 ☐ 2 ☐ 3 ☐ 4

Walking on uneven surfaces
☐ 1 ☐ 2 ☐ 3 ☐ 4

Stepping on or off curbs
☐ 1 ☐ 2 ☐ 3 ☐ 4

Getting in and out of a car
☐ 1 ☐ 2 ☐ 3 ☐ 4

Stepping on or off a bus
☐ 1 ☐ 2 ☐ 3 ☐ 4

Balancing on one foot
☐ 1 ☐ 2 ☐ 3 ☐ 4

Getting down on the floor
☐ 1 ☐ 2 ☐ 3 ☐ 4

Light household repairs requiring steady footing
☐ 1 ☐ 2 ☐ 3 ☐ 4

Change an overhead light bulb on a step stool or ladder
☐ 1 ☐ 2 ☐ 3 ☐ 4

Lifting yourself up from the floor
☐ 1 ☐ 2 ☐ 3 ☐ 4

Add up the numbers next to the boxes you checked. Your Total: _____

Count the number of activities you checked. Your Total:_____

*Divide the box number total by the number of activities you checked.
Domain Score:_____

**Scoring Reminder: Only count activities you checked.*

Why it matters: Having good balance protects you from falls, which is the number one cause of injury as we age.

Rating Scale

1 - Easy / Confident
2 - Harder than it used to be
3 - Struggling / Losing confidence
4 - Feels Unsafe / Can no longer do

Next, we'll check on how easily you can reach your feet, bend forward, rotate your hips, and move comfortably through the range needed for basic personal care and home activities.

4. FLEXIBILITY & REACH - 8 Activities (Leave blank any activity that does not apply to you.)

Clip toenails
☐ 1 ☐ 2 ☐ 3 ☐ 4

Put on shoes and socks
☐ 1 ☐ 2 ☐ 3 ☐ 4

Reach to lower shelves
☐ 1 ☐ 2 ☐ 3 ☐ 4

Bend to pick something up
☐ 1 ☐ 2 ☐ 3 ☐ 4

Reach overhead to place or remove items
☐ 1 ☐ 2 ☐ 3 ☐ 4

Put away groceries or laundry
☐ 1 ☐ 2 ☐ 3 ☐ 4

Close a door with a push or pull
☐ 1 ☐ 2 ☐ 3 ☐ 4

Lock or unlock a door with a key
☐ 1 ☐ 2 ☐ 3 ☐ 4

Add up the numbers next to the boxes you checked. Your Total: _____

Count the number of activities you checked. Your Total:_____

*Divide the box number total by the number of activities you checked.
Domain Score:_____

**Scoring Reminder: Only count activities you checked.*

Why it matters: Loss of flexibility can sneak up slowly, making everyday tasks harder. Restoring flexibility reduces the stiffness that limits movements needed to stay self-sufficient.

Rating Scale

1 - Easy / Confident
2 - Harder than it used to be
3 - Struggling / Losing confidence
4 - Feels Unsafe / Can no longer do

For your final group, we'll look at your ability to safely lift, carry, push, or brace against resistance – such as carrying groceries, pushing a shopping cart, or opening a heavy door.

This section is 2 pages and includes a few more activities that reflect real-life strength demands. Not all of them may apply to you – simply respond to the ones that are part of your daily life.

5. CARRY / PUSH / LIFT / BRACE - 11 Activities Total (Leave blank any activity that does not apply to you.)

CARRY - 4 activities

Carry groceries
☐ 1 ☐ 2 ☐ 3 ☐ 4

Carry laundry
☐ 1 ☐ 2 ☐ 3 ☐ 4

Walk while carrying items in both hands
☐ 1 ☐ 2 ☐ 3 ☐ 4

Carry items in both hands while going up or down stairs
☐ 1 ☐ 2 ☐ 3 ☐ 4

PUSH & GRIP STRENGTH - 3 activities

Push a shopping cart
☐ 1 ☐ 2 ☐ 3 ☐ 4

Open or close a door that requires force
☐ 1 ☐ 2 ☐ 3 ☐ 4

Open a new jar
☐ 1 ☐ 2 ☐ 3 ☐ 4

Add up your score from this section.
*Carry/Push Total: _____

This score will be added to the next page for the final Domain Score.

**Scoring Reminder: Only count activities you checked.*

Rating Scale

1 - Easy / Confident
2 - Harder than it used to be
3 - Struggling / Losing confidence
4 - Feels Unsafe / Can no longer do

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5. CARRY / PUSH / LIFT / BRACE - 11 Activities Total (Leave blank any activity that does not apply to you.)

LIFT, BRACE, & LOAD CONTROL - 4 activities

Take items down that require lift and control
1 2 3 4

Do gardening tasks (dig, plant, weed, rake)
1 2 3 4

Do light household repairs requiring bracing or pushing
1 2 3 4

Shovel light snow or debris
1 2 3 4

Add up your score from this section.
Lift/Brace Total: _____

Place your score from the Carry/Push section above Total: _____

Add these totals together for a complete rating Total: _____

*Divide by number of activities:_____

This is your Domain Score_____

**Scoring Reminder: Only count activities you checked in all of section 5.*

Why it matters: These actions use your whole body, especially your core and grip strength. Maintaining these abilities keeps you confident during everyday errands and prevents injuries caused by sudden or awkward loads.

What Your Score Represents

- There were no right or wrong answers; the goal was to notice patterns.
- Each activity was rated on a scale from 1 to 4, based on how easy or difficult it felt for you right now.
- Each area of movement was looked at and calculated as a domain score (or average), because one difficult task does not define you.
- Your scores in each section were added and divided by the number of activities that you normally do to get your domain score.

This is what your domain score means:

1.0 - 1.5 = Fully Independent with High Functional Capacity

You answered with **mostly 1's** because most activities feel easy, and you do them with confidence. Your overall activities are supporting your independence well.

1.6 - 2.3 = Independent with Emerging Functional Gaps

You answered with **mostly 2's** because some activities are feeling harder than they used to. This is very common as we age, and often the earliest sign that strength or mobility is changing – not failing. This is an excellent time to start making small improvements to regain strength and/or mobility.

2.4 - 3.1 = Independent with Increased Functional Vulnerability

You answered with **mostly 3's** because some activities feel challenging or require extra care. You may find that you're adjusting how you move or have even started to avoid some tasks. With the right kind of movement and strengthening intervention, many people can quickly see noticeable improvements.

3.2 - 4.0 = Independence Requires Support

You answered with **mostly 4's** because many of the activities are feeling difficult or you've started to avoid them. Being here starts to affect your confidence and can affect your safety in daily life. But even long-standing limitations are often improved with the right guidance and support.

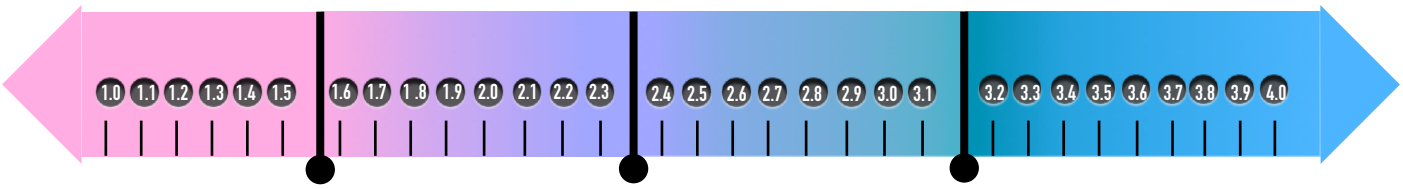
Levels of Functional Independence

It's important to note that functional independence exists on a continuum rather than as a fixed state. **This means your current level is not permanent,** and it's natural to move through these levels and across this continuum over time.

The reason is that both large and small changes in daily movement can influence where someone falls on this continuum. **Large changes**, such as surgery, prolonged illness, or adding resistance training, as well as **small changes**, like having the flu or beginning a gentle movement practice such as chair yoga, can cause a shift.

The addition of supportive movement helps daily life feel steadier, stronger, and more confident. In the same way, when supportive movements are done less often or avoided, functional abilities will gradually decline—often without being noticed right away.

Functional Independence Continuum



1.0 - 1.5
LEVEL 1

1.6 - 2.3
LEVEL 2

2.4 - 3.1
LEVEL 3

3.2 - 4.0
LEVEL 4

Level 1 - Fully Independent with High Functional Capacity
Daily movement feels steady, capable, and confident.

Level 2 - Independent with Emerging Functional Gaps
You remain fully independent, but some activities require more effort or attention than they used to.

Level 3 - Independent with Increased Functional Vulnerability
Daily tasks feel more challenging, and confidence may be declining in certain areas.

Level 4 - Independence Requires Support

Some activities feel unsafe, or you can no longer manage them without assistance.

What This Means for You

The goal of this assessment is to bring awareness to any changes—subtle or more noticeable—before they significantly affect your strength, balance, or mobility.

As we age, it's common to adapt how we move. For example, when activities begin to require more effort or attention, we not only change how they're done, but also how often we do them. Over time, this gradual reduction in movement can quietly contribute to changes in your strength or stability.

Your results offer insight into how your body is currently being supported by the everyday movements that help maintain independence. This is not a diagnosis, nor does it define what you are capable of long-term. Instead, it reflects how your current daily habits, movement patterns, and recent experiences are influencing how activities feel right now.

What matters most is what this awareness makes possible. Your scores highlight areas where focused attention—and the right kind of movement—can make the greatest difference. Many seniors are surprised to learn that improving just one or two areas can positively influence how their whole body functions in daily life.

Using This Information

This assessment is meant to be a starting point. It offers a clearer picture of how your body is currently supporting everyday movement and independence, and where small changes could have a meaningful impact.

However you choose to use this information, the most important step has already been taken: you now have greater awareness of how your body is supporting your independence right now.

Because functional movement can change gradually, some people choose to complete this assessment again in the future, such as yearly, every six months, or after a significant health event like an illness, injury, or surgery. Comparing results can help highlight patterns, notice improvements, or identify areas that may benefit from renewed attention.

Each time the assessment is completed, it simply reflects how your body is functioning at that point in time. No single result stands alone.

Date Completed:_____

Your age at the time of this assessment:_____

Optional Notes (if retaking assessment)

_____

(For example: recovery from illness or injury, recent surgery, changes in activity, or other significant events.)