ROB LEVINE LAW

DAILY FUNCTIONAL LIMITATION RECORD: Your Path to Clear Documentation

This record helps you and care team track how limitations affect your essential daily activities. Accurate details upport your journey to health and legal resources.

Name:

Date:

1.BATHING/HYGIENE



Tasks	Limitations Experienced (e.g. pain, stiffness, fatigue, weakness	How you managed Difficulty Level (e.g. needed help, used adaption tool, limited)	Time Taken
Wash hair			
Get in/out tub			
Reach back			

FEEDING

AMBULATION/ MOBILITY

DAILY NOTES:



DAILY NOTES: Specific instances of increased difficulty, pain flares, or tasks needing significant assistance (e.g., 'need my son to button my shirt, right hand weak')

SUMMARY OF DAY'S CHALLENGES

- Was this day harder than usual? (Yes/No)
- Did pain limit activity more today?
- Did fatigue play a major role?

Tip: Keep detailed notes. Specific examples build strong evidence. Use extra pages if needed.

For legal support in documented cases: **(800) ROB-LEVINE | RobLevine.com**

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2. DRESSING



Tasks	Limitations Experienced	How you managed Difficulty Level	Time Taken
Buttons/ Zippers			
Reach over head			
Put on socks/shoes			
Standard outfit			

FEEDING

AMBULATION/ MOBILITY

DAILY NOTES:



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3. PREPARING MEALS



Tasks	Limitations Experienced	How you managed Difficulty Level	Time Taken
Chop/Cut			
Lift pots			
Stand at stove			
Use appliances			

FEEDING

AMBULATION/ MOBILITY

DAILY NOTES:



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