

NAME _____ DATE _____
 TIME _____ AM/PM ☐ Initial Visit ☐ Discharge Visit

PROBLEM AREA (Please check one):

- ☐ Upper Extremity (A,D) ☐ Lower Extremity (B,F) ☐ Cervical/Thoracic (C,D) ☐ Lumbar (D,F) ☐ TMJ (C,E)

FUNCTIONAL INDEX

PART I: Answer all five sections in Part 1. Choose the one answer in each section that best describes your condition.

WALKING

- ☐ Symptoms do not prevent me walking any distance.
☐ Symptoms prevent me walking more than 1 mile.
☐ Symptoms prevent me walking more than 1/2 mile.
☐ Symptoms prevent me walking more than 1/4 mile.
☐ I can only walk using a stick or crutches.
☐ I am in bed most of the time and have to crawl to the toilet.

WORK

(Applies to work in home and outside)

- ☐ I can do as much work as I want to.
☐ I can only do my usual work, but no more.
☐ I can do most of my usual work, but no more.
☐ I cannot do my usual work.
☐ I can hardly do any work at all (only light duty).
☐ I cannot do any work at all.

PERSONAL CARE

(Washing, Dressing, etc.)

- ☐ I can manage all personal care without symptoms.
☐ I can manage all personal care with some increased symptoms.
☐ Personal care requires slow, concise movements due to increased symptoms.
☐ I need help to manage some personal care.
☐ I need help to manage all personal care.
☐ I cannot manage any personal care.

SLEEPING

- ☐ I have no trouble sleeping.
☐ My sleep is mildly disturbed (less than 1 hr. sleepless).
☐ My sleep is mildly disturbed (1–2 hrs. sleepless).
☐ My sleep is moderately disturbed (2–3 hrs. sleepless).
☐ My sleep is greatly disturbed (3–5 hrs. sleepless).
☐ My sleep is completely disturbed (5–7 hrs. sleepless).

RECREATION/SPORTS

(Indicate Sport if Appropriate _____)

- ☐ I am able to engage in all my recreational/sports activities without increased symptoms.
☐ I am able to engage in all my recreational/sports activities with some increased symptoms.
☐ I am able to engage in most, but not all of my usual recreational/sports activities because of increased symptoms.
☐ I am able to engage in a few of my usual recreational/sports activities because of my increased symptoms.
☐ I can hardly do any recreational/sports activities because of increased symptoms.
☐ I cannot do any recreational/sports activities at all.

ACUITY (Answer on initial visit.)

How many days ago did onset/injury occur? _____ days

PART II: Choose the one answer that best describes your condition in the sections designated by your therapist.

A. UPPER EXTREMITY

CARRYING

- ☐ I can carry heavy loads without increased symptoms.
☐ I can carry heavy loads with some increased symptoms.
☐ I cannot carry heavy loads overhead, but I can manage if they are positioned close to my trunk.
☐ I cannot carry heavy loads, but I can manage light to medium loads if they are positioned close to my trunk.
☐ I can carry very light weights with some increased symptoms.
☐ I cannot lift or carry anything at all.

DRESSING

- ☐ I can put on a shirt or blouse without symptoms.
☐ I can put on a shirt or blouse with some increased symptoms.
☐ It is painful to put on a shirt or blouse and I am slow and careful.
☐ I need some help but I manage most of my shirt or blouse dressing.
☐ I need help in most aspects of putting on my shirt or blouse.
☐ I cannot put on a shirt or blouse at all.

REACHING

- ☐ I can reach to a high shelf to place an empty cup without increased symptoms.
☐ I can reach to a high shelf to place an empty cup with some increased symptoms.
☐ I can reach to a high shelf to place an empty cup with a moderate increase in symptoms.
☐ I cannot reach to a high shelf to place an empty cup, but I can reach up to a lower shelf without increased symptoms.
☐ I cannot reach up to a lower shelf without increased symptoms, but I can reach counter height to place an empty cup.
☐ I cannot reach my hand above waist level without increased symptoms.

B. LOWER EXTREMITY

STAIRS

- ☐ I can walk stairs comfortably without a rail.
☐ I can walk stairs comfortably, but with a crutch, cane, or rail.
☐ I can walk more than 1 flight of stairs, but with increased symptoms.
☐ I can walk less than 1 flight of stairs.
☐ I can manage only a single step or curb.
☐ I am unable to manage even a step or curb.

UNEVEN GROUND

- ☐ I can walk normally on uneven ground without loss of balance or using a cane or crutches.
☐ I can walk on uneven ground, but with loss of balance or with the use of a cane or crutches.
☐ I have to walk very carefully on uneven ground without using a cane or crutches.
☐ I have to walk very carefully on uneven ground even when using a cane or crutches.
☐ I have to walk very carefully on uneven ground and require physical assistance to manage it.
☐ I am unable to walk on uneven ground.

■ C. CERVICAL/TMJ

CONCENTRATION

- ☐ I can concentrate fully when I want to with no difficulty.
- ☐ I can concentrate fully when I want to with slight difficulty.
- ☐ I have a fair degree of difficulty in concentrating when I want to.
- ☐ I have a lot of difficulty in concentrating when I want to.
- ☐ I have a great deal of difficulty in concentrating when I want to.
- ☐ I cannot concentrate at all.

HEADACHES

- ☐ I have no headaches at all.
- ☐ I have slight headaches which come less than 3 per week.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come 4 or more per week.
- ☐ I have severe headaches which come frequently.
- ☐ I have headaches almost all of the time.

READING

- ☐ I can read as much as I want without increased symptoms.
- ☐ I can read as much as I want with slight symptoms.
- ☐ I can read as much as I want with moderate symptoms.
- ☐ I cannot read as much as I want because of moderate symptoms.
- ☐ I can hardly read at all because of severe symptoms.
- ☐ I cannot read at all.

■ D. LUMBAR*/CERVICAL/UPPER EXTREMITY

DRIVING

- ☐ I can drive my car or travel without any extra symptoms.
- ☐ I can drive my car or travel as long as I want with slight symptoms.
- ☐ I can drive my car or travel as long as I want with moderate symptoms.
- ☐ I cannot drive my car or travel as long as I want because of moderate symptoms.
- ☐ I can hardly drive at all or travel because of severe symptoms.
- ☐ I cannot drive my car or travel at all.

LIFTING

- ☐ I can lift heavy weights without extra symptoms.
- ☐ I can lift heavy weights but it gives extra symptoms.
- ☐ My symptoms prevent me from lifting heavy weights but I manage if they are conveniently positioned. (e.g. on a table)
- ☐ My symptoms prevent me from lifting heavy weights but I manage light to medium weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

■ E. TMJ

TALKING

- ☐ I can talk without any increased symptoms.
- ☐ I can talk as long as I want with slight symptoms in my jaws.
- ☐ I can talk as long as I want with moderate symptoms in my jaws.
- ☐ I cannot talk as long as I want because of moderate symptoms in my jaws.
- ☐ I can hardly talk at all because of severe symptoms in my jaws.
- ☐ I cannot talk at all.

EATING

- ☐ I can eat whatever I want without symptoms.
- ☐ I can eat whatever I want but it gives extra symptoms.
- ☐ Symptoms prevent me from eating regular food, but I can manage if I avoid hard foods.
- ☐ Symptoms prevent me from chewing anything other than soft foods.
- ☐ I can chew soft foods occasionally, but primarily adhere to a liquid diet.
- ☐ I cannot chew at all and maintain a liquid diet.

■ F. LUMBAR*/LOWER EXTREMITY

STANDING

- ☐ I can stand as long as I want without increased symptoms.
- ☐ I can stand as long as I want, but it gives me extra symptoms.
- ☐ Symptoms prevent me from standing for more than 1 hour.
- ☐ Symptoms prevent me from standing for more than 30 minutes.
- ☐ Symptoms prevent me from standing for more than 10 minutes.
- ☐ Symptoms prevent me from standing at all.

SQUATTING

- ☐ I can squat fully without the use of my arms for support.
- ☐ I can squat fully, but with symptoms or using my arms for support.
- ☐ I can squat 3/4 of my normal depth, but less than fully.
- ☐ I can squat 1/2 of my normal depth, but less than 3/4.
- ☐ I can squat 1/4 of my normal depth, but less than 1/2.
- ☐ I am unable to squat any distance due to symptoms.

SITTING

- ☐ I can sit in any chair as long as I like.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ My symptoms prevent me sitting more than 1 hour.
- ☐ My symptoms prevent me sitting more than 1/2 hour.
- ☐ My symptoms prevent me sitting more than 10 minutes.
- ☐ My symptoms prevent me from sitting at all.

* Lumbar questions adapted from Oswestry.

PAIN INDEX

Please indicate the worst your pain has been in the last 24 hours on the scale below

No Pain Worst Pain Imaginable

PLEASE DO NOT COMPLETE THE FOLLOWING SECTIONS ON FIRST VISIT

GLOBAL RATING OF CHANGE

With respect to the reason you sought treatment, how would you describe yourself now compared to your first treatment at our clinic? (Circle one)



■ WORK STATUS (check most appropriate)

1. ☐ No lost work time
2. ☐ Return to work without restriction
3. ☐ Return to work with modification
4. ☐ Have not returned to work
5. ☐ Not employed outside the home

Work days lost due to condition: _____ days

I am aware that the information gathered on this form may be used anonymously for research or publication. Please initial: _____

Pain Survey

Here are some of the things other patients have told us about their pain. For each statement please circle the number from 0 to 6 to indicate how much physical activities such as bending, lifting, walking or driving affect or would affect your pain.

	Completely Disagree			Unsure			Completely Agree
1. Physical activity makes my pain worse.	0	1	2	3	4	5	6
2. Physical activity might harm my _____ (back, leg etc.)	0	1	2	3	4	5	6
3. I should not do physical activities which (might) make my pain worse.	0	1	2	3	4	5	6
4. I cannot do physical activities which (might) make my pain worse.	0	1	2	3	4	5	6

The following statements are about how your normal work affects or would affect your pain. (if you are not employed normal work includes your activities of daily living)

	Completely Disagree			Unsure			Completely Agree
5. My pain was caused by work or by an accident while working.	0	1	2	3	4	5	6
6. Work aggravated my pain.	0	1	2	3	4	5	6
7. My work is too heavy for me.	0	1	2	3	4	5	6
8. My work makes or would make my pain worse.	0	1	2	3	4	5	6
9. My work might harm my _____ (back, leg etc.)	0	1	2	3	4	5	6
10. I should not do my regular work with my present pain.	0	1	2	3	4	5	6
11. I do not think that I will be back to my normal work within 3 months.	0	1	2	3	4	5	6

Name Code: _____ Date: _____