

PATIENT WORKSHEET

NAME _____ INITIAL VISIT DISCHARGE VISIT

DATE _____

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

WALKING

- Pain does not prevent me walking any distance.
 Pain prevents me walking more than 1 mile.
 Pain prevents me walking more than 1/2 miles.
 Pain prevents me walking more than 1/4 miles.
 I can only walk using a stick or crutches.
 I am in bed most of the time & have to crawl to the toilet

WORK

- (Applies to work in home & 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 hr sleepless)
 My sleep is moderately disturbed (2-3 hr sleepless)
 My sleep is greatly disturbed (3-5 hr sleepless)
 My sleep is completely disturbed (5-7 hr 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 because of increased symptoms
 I am able to engage in a few of my usual recreational/sports activities because of increased symptoms
 I can hardly do any recreational/sports activities because of increased symptoms
 I cannot do any recreational/sports activities at all.

ACTIVITY

(Answer on initial visit.)
How many days ago did onset/injury occur? _____ days

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 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 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 count 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 pain or weakness.
 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.

