

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.

READING

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

D. LUMBAR/CERVICAL/UPPER EXTREMITY

DRIVING

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

LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights but I manage if they are conveniently positioned. (e.g. on a table)
- Pain prevents 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 pain.
- I can talk as long as I want with slight pain in my jaws.
- I can talk as long as I want with moderate pain in my jaws.
- I cannot talk as long as I want because of moderate pain in my jaws.
- I can hardly talk at all because of severe pain in my jaws.
- I cannot talk at all.

EATING

- I can eat whatever I want without pain.
- I can eat whatever I want but it gives extra pain.
- Pain prevents me from eating regular food, but I can manage if I avoid hard foods.
- Pain prevents 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 pain.
- I can stand as long as I want, but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

SQUATTING

- I can squat fully without the use of my arms for support.
- I can squat fully, but with pain or using my arms for support.
- I can squat ¾ of my normal depth, but less than fully.
- I can squat ½ of my normal depth, but less than ¾.
- I can squat ¼ of my normal depth, but less than ½.
- I am unable to squat any distance due to pain or weakness.

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.
- Pain prevents me sitting more than 1 hour.
- Pain prevents me sitting more than ¾ hour.
- Pain prevents me sitting more than 10 minutes.
- Pain prevents me from sitting at all.

PAIN INDEX

Please indicate how much pain you feel at this time on the scale below.

No pain worst pain imaginable

PLEASE COMPLETE ON LAST VISIT ONLY

IMPROVEMENT INDEX

Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.

No improvement Complete recovery

WORK STATUS

- 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.