**PATIENT WORKSHEET**



**PROBLEM AREA** (*Please check one*):

NAME DATE

 Initial Visit  Discharge Visit

TIME AM/PM

### 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.

PATIENT WORKSHEET 1

#  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

**P L E A S E D O N O T C O M P L E T E T H E F O L L O W I N G S E C T I O N S O N F I R S T V I S I T**

**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)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| -7 -6 | -5 | -4 | -3 | -2 | -1 0 1 | 2 | 3 | 4 | 5 | 6 7 |
| Very Much Worse |  |  |  |  | Unchanged |  |  |  |  | Completely Recovered |

 **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:*