

INTAKE QUESTIONNAIRE

Name _____

PROBLEM AREA (Therapist check one):

Upper extremity (A, D) Lower extremity (B, F) Cervical/Thoracic (C,D) Lumbar (D, F) TMJ (C, E) Pelvic Floor

FUNCTIONAL INDEX

PART I: 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 from walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevent me walking more than 1/2 mile.
- Pain prevents 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 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 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

How many day 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 & 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.

PAIN INDEX

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



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 me 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 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 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 1/2 hour.
- Pain prevents me sitting more than 10 minutes.
- Pain prevents me from sitting at all.