

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 TIME \_\_\_\_\_ AM/PM  Initial Visit  Discharge Visit

**FUNCTIONAL INDEX**

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

**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.

**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.

*Please complete opposite side*

**PAIN INDEX**

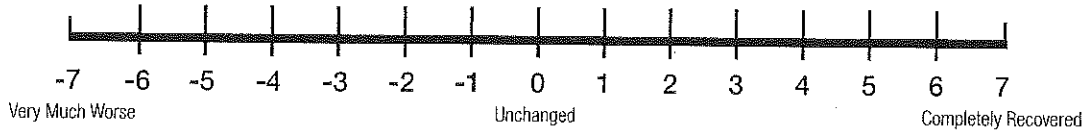
Please indicate the worst your pain has been in the last 24 hours on the scale below

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: \_\_\_\_\_