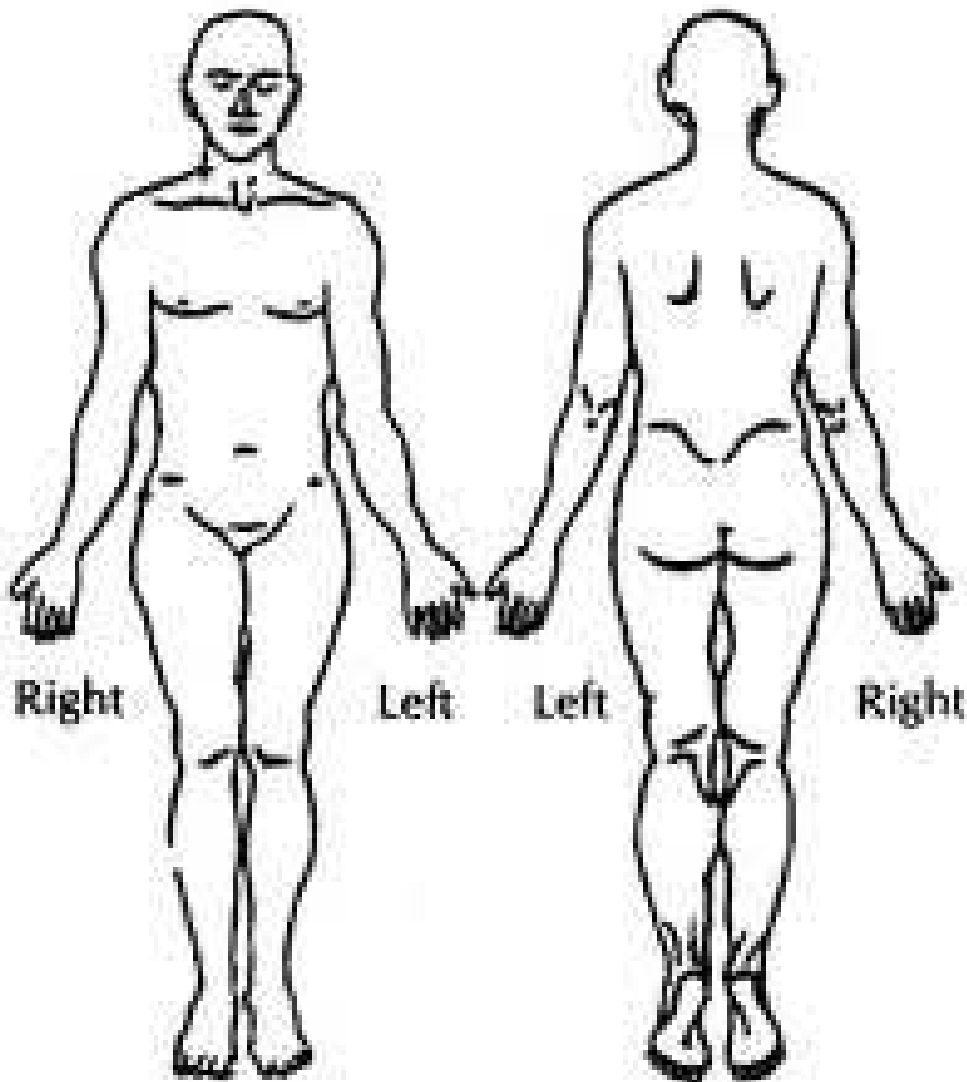


EXCELLENCE IN PHYSICAL THERAPY

NAME: _____ DATE: _____ VISIT #: _____

This questionnaire is designed so that you can communicate how you feel you are doing TODAY! The front page provides information to us about the location, intensity and frequency of your pain. The back page provides us with information about how much or how little your problem interferes with normal daily activities. You may be asked to complete this questionnaire at each visit.

Draw on the figure below **where** you feel pain **TODAY**.
Use **X** marks to show where you feel numbness, tingling or pins and needles **TODAY**.



INTENSITY

How bad is your pain today?

0...1...2...3...4...5...6...7...8...9...10
Minimum Moderate Severe

FREQUENCY

How often do you feel your pain?

0...1...2...3...4...5...6...7...8...9...10
Never there Half the time Always there

Function Questionnaire

Indicate how much or how little your problem interferes with the following functional tasks by CIRCLING the number that best describes your ability TODAY.

1. Rate your ability to **sit**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
2. Rate your ability to **stand**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
3. Rate your ability to **walk**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
4. Rate your ability to **turn and twist**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
5. Rate your ability to **stoop and squat**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
6. Rate your ability to **bend**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
7. Rate your ability to **lift and carry**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
8. Rate your ability to **reach and throw**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
9. Rate your ability to **grip and grasp**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
10. Rate your ability to **push and pull**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
11. Rate your ability to **participate in your normal sport or recreational activity (include hobbies)**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
12. Rate your ability to **work**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
13. Rate your ability to **have sexual relations**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
14. Rate your ability to **sleep**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able
15. Rate your overall ability to **perform your normal daily activities at work, home and play**:
Completely able to do 0...1...2...3...4...5...6...7...8...9...10 completely unable to do
Half able