CARE CONNECTIONS

**PATIENT WORKSHEET**

NAME _____ DATE _____

TIME _____ AM/PM ❒ Initial Visit ❒ Discharge Visit

**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 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.


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## 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

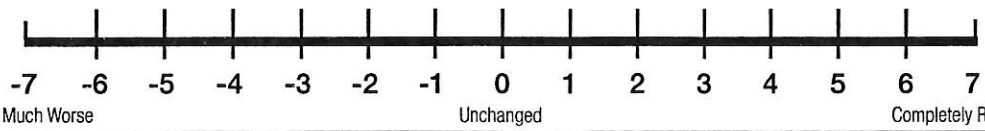
*Please indicate the worst your pain has been in the last 24 hours on the scale below*

No Pain ——————————— Worst Pain Imaginable

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:* _____