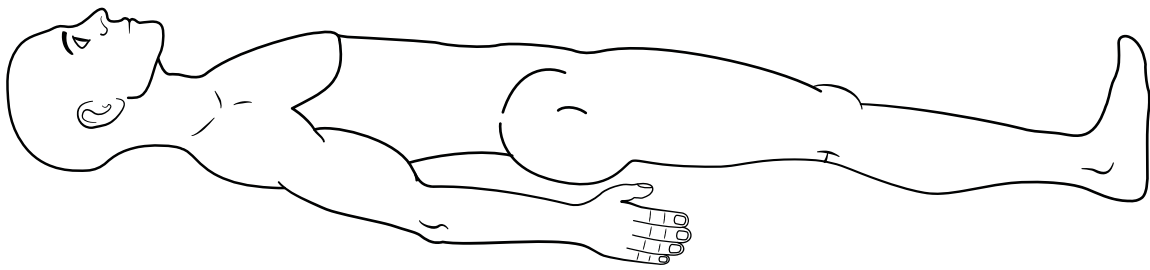
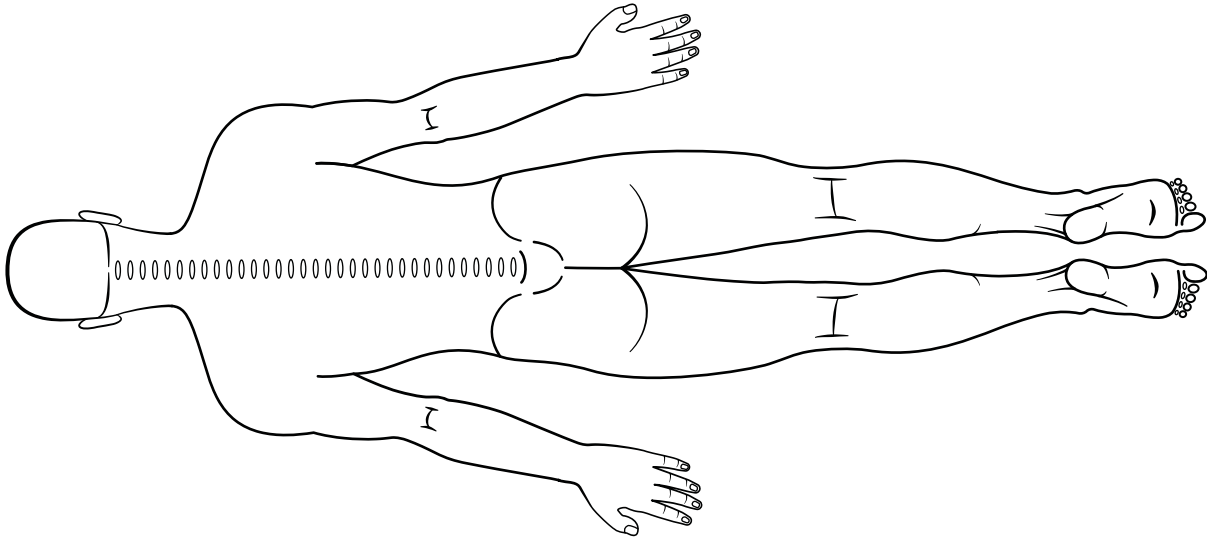
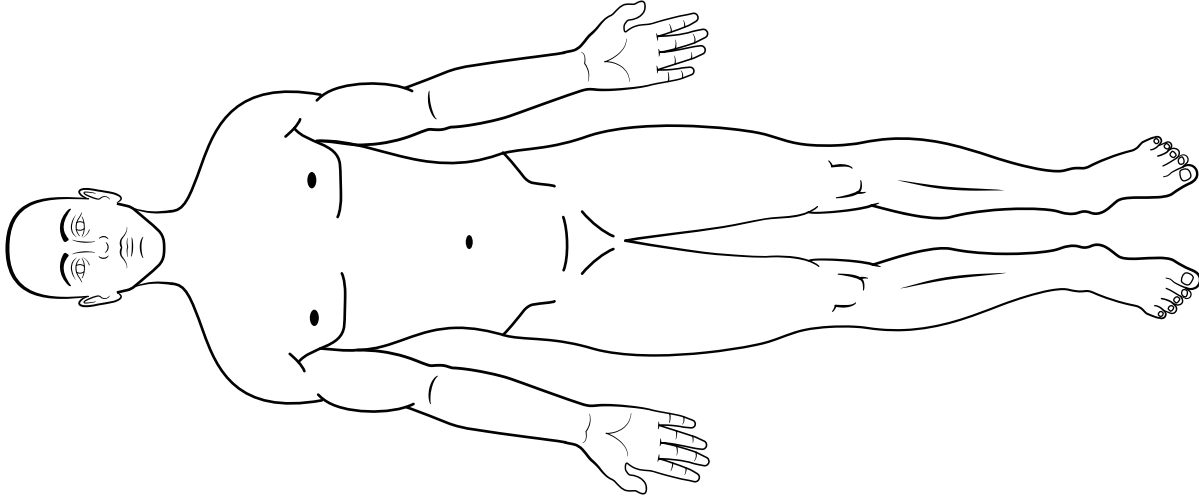
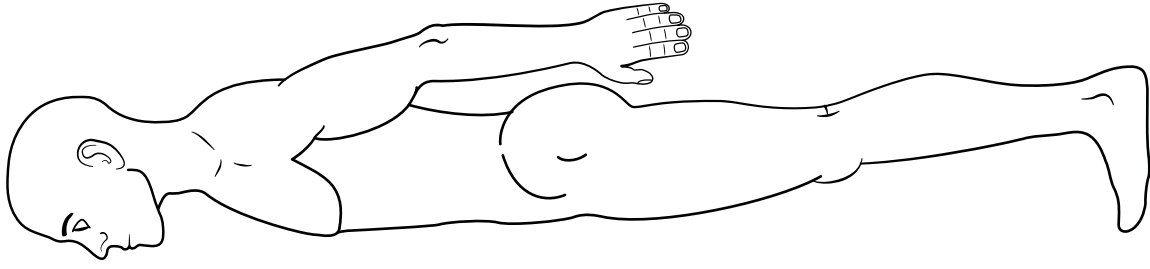


Name _____

Date _____



Indicate where you have pain or other symptoms by fully coloring in painful areas.

Name _____

Date _____



1. Briefly describe your symptoms:

2. How did your symptoms start?

3. Average pain intensity

a. Last 24 hours: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

b. Past week: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

4. How often do you experience your symptoms?

a. Constantly (76-100% of the time)

c. Occasionally (26-50% of the time)

b. Frequently (51-75% of the time)

d. Intermittently (0-25% of the time)

5. How much have your symptoms interfered with your daily activities?

a. Not at all

d. Quite a bit

b. A little bit

e. Extremely

c. Moderately

6. How is your condition changing, since care began at this facility?

a. N/A (initial visit)

e. No change

b. Much worse

f. A little better

c. Worse

g. Better

d. A little worse

h. Much better

7. In general, would you say your overall health right now is...

a. Excellent

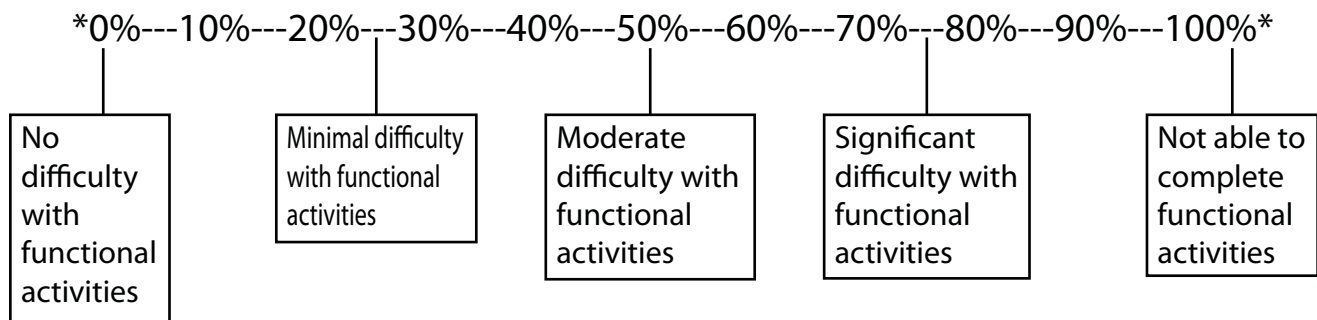
d. Fair

b. Very good

e. Poor

c. Good

Functional Difficulty Survey



Rate yourself anywhere from 0-100% based on your tolerance for activities given

1. Using the difficulty scale rate your level of difficulty for daily routine (grooming, hygiene, bathing, dressing) _____
2. Using the difficulty scale rate your level of difficulty for walking (5-10 minutes)
on Rt. Leg _____ on Lt. Leg _____ both together _____
3. Using the difficulty scale rate your level of difficulty for standing still (5-10 minutes)
w/ weight shift on Rt. Leg _____ on Lt. Leg _____ both together _____
4. Using the difficulty scale rate your level of difficulty for bending over (to put on or tie shoes, pick up an article of clothing) _____
5. Using the difficulty scale rate your level of difficulty for lifting (a full bag of groceries)
using Rt. Arm _____ using Lt. Arm _____ both together _____
6. Using the difficulty scale rate your level of difficulty for carrying (a full bag of groceries)
using Rt. Arm _____ using Lt. Arm _____ both together _____
7. Using the difficulty scale rate your level of difficulty for Shopping/community outings _____
8. Using the difficulty scale rate your level of difficulty for housework and/or yard work _____
9. Using the difficulty scale rate your level of difficulty for transfers (getting in/ out of bed, into/out of car, in and out of chairs, etc.) _____
10. Using the difficulty scale rate your level of difficulty for driving or riding in a car on a trip _____
11. Using the difficulty scale rate your level of difficulty for performing all job duties _____

