

	PAHENI WORKSHEET
CARE CONNECTIONS	NAME DATE
GAME	
DDODI EM ADEA (Diseas shook ons):	TIME AM/PM
PROBLEM AREA (Please check one):  ☐ Upper Extremity (A,D) ☐ Lower Extremity (B,F) ☐ C	ervical/Thoracic (C,D)
b opper Extremity (A,D) become Extremity (B,F)	ervicar/ moracic (C,D)
FUNCTIONAL INDEX	PART II: Choose the one answer that best describes your condition in the sections
PART I: Answer all five sections in Part 1. Choose the one answer in each section	designated by your therapist.
that best describes your condition.	■ A. UPPER EXTREMITY
WALKING	CARRYING
Symptoms do not prevent me walking any distance.	I can carry heavy loads without increased symptoms.
☐ Symptoms prevent me walking more than 1 mile. ☐ Symptoms prevent me walking more than 1/2 mile.	☐ I can carry heavy loads with some increased symptoms. ☐ I cannot carry heavy loads overhead, but I can manage if they are
Symptoms prevent me walking more than 1/4 mile.	positioned close to my trunk.
☐ I can only walk using a stick or crutches.	☐ I cannot carry heavy loads, but I can manage light to medium
☐ I am in bed most of the time and have to crawl to the toilet.	loads if they are positioned close to my trunk.
WORK	☐ I can carry very light weights with some increased symptoms. ☐ I cannot lift or carry anything at all.
(Applies to work in home and outside)	DRESSING
☐ I can do as much work as I want to. ☐ I can only do my usual work, but no more.	☐ I can put on a shirt or blouse without symptoms.
☐ I can do most of my usual work, but no more.	☐ I can put on a shirt or blouse with some increased symptoms.
☐ I cannot do my usual work.	☐ It is painful to put on a shirt or blouse and I am slow and careful.
I can hardly do any work at all (only light duty).	☐ I need some help but I manage most of my shirt or blouse dressing.
☐ I cannot do any work at all.	☐ I need help in most aspects of putting on my shirt or blouse.
PERSONAL CARE	☐ I cannot put on a shirt or blouse at all.
(Washing, Dressing, etc.)  I can manage all personal care without symptoms.	REACHING
☐ I can manage all personal care with some	☐ I can reach to a high shelf to place an empty cup without
increased symptoms.	increased symptoms.
Personal care requires slow, concise movements due to increased symptoms.	☐ I can reach to a high shelf to place an empty cup with some increased symptoms.
☐ I need help to manage some personal care.	I can reach to a high shelf to place an empty cup with a moderate
☐ I need help to manage all personal care.	increase in symptoms.
☐ I cannot manage any personal care.	☐ I cannot reach to a high shelf to place an empty cup, but I can reach up to a lower shelf without increased symptoms.
SLEEPING	☐ I cannot reach up to a lower shelf without increased symptoms,
☐ I have no trouble sleeping.	but I can reach counter height to place an empty cup.
<ul><li>☐ My sleep is mildly disturbed (less than 1 hr. sleepless).</li><li>☐ My sleep is mildly disturbed (1–2 hrs. sleepless).</li></ul>	☐ I cannot reach my hand above waist level without increased
☐ My sleep is moderately disturbed (2–3 hrs. sleepless).	symptoms. ■ B. LOWER EXTREMITY
☐ My sleep is greatly disturbed (3–5 hrs. sleepless).	
☐ My sleep is completely disturbed (5–7 hrs. sleepless).	STAIRS  I can walk stairs comfortably without a rail.
RECREATION/SPORTS	☐ I can walk stairs comfortably, but with a crutch, cane, or rail.
(Indicate Sport if Appropriate)	☐ I can walk more than 1 flight of stairs, but with increased
☐ I am able to engage in all my recreational/sports activities without increased symptoms.	symptoms.  I can walk less than 1 flight of stairs.
☐ I am able to engage in all my recreational/sports activities with	I can manage only a single step or curb.
_ some increased symptoms.	☐ I am unable to manage even a step or curb.
☐ I am able to engage in most, but not all of my usual recreational/ sports activities because of increased symptoms.	UNEVEN GROUND
□ I am able to engage in a few of my usual recreational/sports	☐ I can walk normally on uneven ground without loss of balance or
activities because of my increased symptoms.	using a cane or crutches.
☐ I can hardly do any recreational/sports activities because of	I can walk on uneven ground, but with loss of balance or with the
increased symptoms.  ☐ I cannot do any recreational/sports activities at all.	use of a cane or crutches.  I have to walk very carefully on uneven ground
- 1 oannot do any rootoational oporto dottytico at all.	without using a cane or crutches.
ACUITY (Answer on initial visit.)	☐ I have to walk very carefully on uneven ground even when using a
( I month of the man of the control	cane or crutches.

\_days

How many days ago did onset/injury occur? \_

☐ 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	■ E. 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	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.
☐ 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 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.
<ul><li>☐ I can read as much as I want with slight symptoms.</li><li>☐ I can read as much as I want with moderate symptoms.</li></ul>	☐ I cannot chew at all and maintain a liquid diet.
☐ 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	■ 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.  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.	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.
<ul> <li>I can lift heavy weights without extra symptoms.</li> <li>I can lift heavy weights but it gives extra symptoms.</li> <li>My symptoms prevent me from lifting heavy weights but I manage if they are conveniently positioned. (e.g. on a table)</li> <li>My symptoms prevent me from lifting heavy weights but I manage light to medium weights if they are conveniently positioned.</li> <li>I can lift only very light weights.</li> <li>I cannot lift or carry anything at all.</li> </ul>	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 scal	le below
No Pain	Worst Pain Imaginable
GLOBAL RATING OF CHANGE  With respect to the reason you sought treatment, how would you de	escribe yourself now compared to your first treatment at our clinic?
(Circle one)  -7 -6 -5 -4 -3 -2 -1  Very Much Worse	0 1 2 3 4 5 6 7 Inchanged Completely Recovered
■ WORK STATUS (check most appropriate)	
1. ☐ No lost work time 2. ☐ Return to work without restriction 3. ☐ Return to work 4. ☐ Have not return	' '
Work days lost due to condition:days	