SOUND
PHYSICAL THERAPY

FUNCTIONAL SURVEY

WHAT ARE YOUR GOALS FOR RECOVERY?:_____
_____

MARK YOUR **CURRENT STATUS** IN THESE CATEGORIES

WALKING TOLERANCE
- ☐ No pain with walking
- ☐ Can walk as much as I like but with increased pain
- ☐ Can walk 1 mile
- ☐ Pain walking hills
- ☐ Can walk < ¼ mile
- ☐ Leg symptoms with walking

SLEEP DISTURBANCE
- ☐ No disrupted sleep
- ☐ No disturbance, but increased pain upon awakening
- ☐ Difficulty getting to sleep due to pain
- ☐ Sleep disturbed 2-3 hours/night
- ☐ Sleep disturbed < 1 hour per night
- ☐ Arm/hand numbness with sleeping

STAIRS
- ☐ No pain with stairs
- ☐ Unable to climb more than 1 flight of stairs
- ☐ Pain/instability stepping on/off curb
- ☐ More pain up stairs
- ☐ More pain descending stairs

DRIVING
- ☐ No pain with driving
- ☐ Can drive as long as I want, but increased pain
- ☐ Can drive < 30 minutes
- ☐ Pain whenever I drive

SITTING TOLERANCE
- ☐ No pain with sitting
- ☐ Can sit as long as like but with increased pain
- ☐ Time depends on chair
- ☐ Pain with sitting < 5 minutes
- ☐ Leg symptoms with sitting

STANDING TOLERANCE
- ☐ No pain with standing
- ☐ Pain with stand > 1 hour
- ☐ Pain with stand < 15 minutes
- ☐ Pain with standing at sink/counter
- ☐ Pain standing after prolonged sitting

LIFTING TOLERANCE
- ☐ No pain with lifting
- ☐ Can lift but with pain
- ☐ Can only lift light weight
- ☐ Cannot lift at all
- ☐ Squatting: pain with squatting ☐
  noise with squatting ☐

REACHING & BENDING
- ☐ No pain with reaching
- ☐ Pain reaching overhead
- ☐ Pain reaching behind back
- ☐ Pain reaching across body
- ☐ Pain when bending over
- ☐ Pain when twisting and leaning back

WORK STATUS

Occupation _____

Work Duties _____

_____
Working: Full time ☐   Part time ☐
  Light Duty ☐   Not working ☐
- ☐ No pain with work duties
- ☐ Can work as much as I like but with increased pain
- ☐ Modifying work due to pain
- ☐ Not working due to pain

OTHER ACTVITIES
Can you perform your normal home and fitness activities:
_____
Usual sport/recreational activities
_____
What are you currently able to do?_____
_____
Regular cardio-vascular or walking program?
_____
How many times a week? _____
Gym Program and how many times a week?
_____
Pain with housework? _____
Pain with yardwork? _____
  raking ☐ shoveling ☐ mowing ☐ weeding ☐ planting ☐