

WINDHAM CHIROPRACTIC AND REHABILITATION

Dr. Mark J. Wasowski

Name: _____ DOB ____/____/____ Gender: M F

ASSESSMENT OF FUNCTIONAL CAPACITY

This form is intended to quantify the affect your symptoms have on your normal daily activities

CIRCLE or **X** THE BOX THAT DESCRIBES HOW YOU FEEL ON AVERAGE FOR EACH ACTIVITY LISTED BELOW

<u>Work Duties</u> <i>(Home Chores if not working)</i>	Normal work capacity Full Duty	Usual duties but no extra work	Up to 50% of usual work duties	Up to 25% of usual duties	Unable to do any kind of work
<u>Transportation</u> <i>(travel, driving or riding)</i>	No pain 3 hr trip	Mild pain 3 hour trip	Moderate pain 3 hour trip	Moderate pain ½ hour trip	Severe pain ½ hour trip
<u>Personal Care</u> <i>(bathing, dressing, tying your shoes)</i>	Personal care causes no pain	Mild pain but no issues or restrictions	Moderate pain causes you to move slowly	Moderate pain, you require some assistance	Severe pain, you require full assistance
<u>Sleeping</u>	Normal sleep	Pain mildly disrupts sleep 10-25%	Pain moderately disrupts sleep 25-50%	Pain greatly disrupts sleep 50-75%	Pain totally disrupts sleep 75-100%
<u>Lifting</u>	Can do my normal lifting	Increased pain w/ heavy weight	Increased pain w/ moderate weight	Increased pain w/ light weight	Increased pain with any lifting
<u>Standing</u>	Can do my normal standing	Pain after standing up to 2-3 hours	Pain after standing up to 1 hour	Pain after standing up to 1/2 hour	Pain with any standing
<u>Walking</u>	Can do my normal walking	Increased pain walking 1 mile	Increased pain walking ½ mile	Increased pain walking ¼ mile	I experience pain with any walking
<u>Recreation</u> <i>(golf, biking, exercise)</i>	I can do my normal activities	Able to do most recreational activities	Able to do some recreational activities	Able to do a few recreational activities	Unable to do any recreational activities
<u>Stairs</u>	No pain using stairs	Mild pain w/ 1 flight of stairs or more	Mild to moderate pain w/ 1 flight of stairs or more	Moderate pain with 1 flight of stairs or less	Severe pain w/any stairs I require aid
<u>Bending</u>	No pain when I bend	Mild pain	Moderate pain	Severe pain	Cannot bend without pain
<u>Sitting</u>	Can do my normal sitting	I can sit over one hour with minimal discomfort	I can sit for up to 1 hour with mild to moderate pain	Able to sit up to 30 min. moderate to severe pain	Severe pain with any sitting

Previous Score: _____ Current Score: _____

Patient Signature: _____ Date: _____