

**Functional Index Questionnaire****Functional Index****Part 1:**

Answer all five sections in Part 1. Choose the one answer in each section that best describes your condition.

Walking

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than $\frac{1}{2}$ mile.
- Pain prevents me walking more than $\frac{1}{4}$ 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 h sleepless).
- My sleep is mildly disturbed (1–2 h sleepless).
- My sleep is moderately disturbed (2–3 h sleepless).
- My sleep is greatly disturbed (3–5 h sleepless).
- My sleep is completely disturbed (5–7 h 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.

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.

Adapted with permission from Therapeutic Associates Outcomes System, Therapeutic Associates, Inc., Sherman Oaks, CA.