

## FUNCTIONAL ACTIVITY QUESTIONNAIRE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

WORK: What is your job? \_\_\_\_\_

What physical things are you required to do at work?

\_\_\_\_\_ Sitting (how long? \_\_\_\_\_)

\_\_\_\_\_ Standing (how long? \_\_\_\_\_)

\_\_\_\_\_ Lifting (how often? \_\_\_\_\_ how many pounds? \_\_\_\_\_)

\_\_\_\_\_ Other \_\_\_\_\_

WHICH OF THE ACTIVITIES LISTED BELOW ARE YOU HAVING DIFFICULTY OR DISCOMFORT WITH BECAUSE OF YOUR INJURY? (PLEASE CHECK)

\_\_\_\_\_ Walking      Approximately how long / far can you walk? \_\_\_\_\_

\_\_\_\_\_ Sitting      Approximately how long can you sit? \_\_\_\_\_

\_\_\_\_\_ Standing      Approximately how long can you stand? \_\_\_\_\_

\_\_\_\_\_ Going up stairs      \_\_\_\_\_ Going down stairs      \_\_\_\_\_ Bending over      \_\_\_\_\_ Reaching overhead

\_\_\_\_\_ Reaching      \_\_\_\_\_ Lifting      \_\_\_\_\_ Carrying      \_\_\_\_\_ Sex

\_\_\_\_\_ Combing hair      \_\_\_\_\_ Brushing teeth      \_\_\_\_\_ Dressing self      \_\_\_\_\_ Putting on Shoes/Socks

\_\_\_\_\_ Sleeping      \_\_\_\_\_ Shaving      \_\_\_\_\_ Bathing      \_\_\_\_\_ Driving

HOUSEWORK: Which activities specifically?

\_\_\_\_\_ Vacuuming      \_\_\_\_\_ Cleaning tub      \_\_\_\_\_ Dusting      \_\_\_\_\_ Cooking

\_\_\_\_\_ Laundry      \_\_\_\_\_ Making bed      \_\_\_\_\_ Doing dishes

YARD WORK: Please give specific activity(s) \_\_\_\_\_

RECREATIONAL ACTIVITIES: What do you normally do? (hobbies, sports, etc.)

\_\_\_\_\_

Are there any recreation activities that you are not doing now because of you injury? \_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR GOALS / EXPECTATIONS FROM PHYSICAL THERAPY? \_\_\_\_\_

\_\_\_\_\_