

Date : \_\_\_\_\_

MA Initials : \_\_\_\_\_

INJECTION : YES NO

Exercise Therapy : YES NO

**Functional Assessment Questionnaire**

Patient Name : Wassir Patel DOB : 27/05/89

Rate on a scale from 0-5 (5 being the highest) how difficult it is to do the following tasks:

Bending or Stooping: 0 1 2 3 4 5

Putting on shoes: 0 1 2 3 4 5

Sleeping: 0 1 2 3 4 5

Standing for an hour: 0 1 2 3 4 5

Going up or down a flight of stairs: 0 1 2 3 4 5

Walking through a store: 0 1 2 3 4 5

Driving for an hour: 0 1 2 3 4 5

Preparing a meal: 0 1 2 3 4 5

Yard work: 0 1 2 3 4 5

Picking up items off the floor: 0 1 2 3 4 5

Patient Changes since last treatment:

Not Anxious

Patient changes since the start of treatment:

No Pain

Describe any functional changes within the last three days (good or bad):

Bad

Rate pain symptoms on a scale of 0-10 (10 being the highest):

Pain: 2 Numbness: 5 Tingling: 6 Burning: 7 Tightness: 5

**\*\*To Be Completed by MA:**

Blood Pressure: 112 HR: 12 Weight: 60 Height: 7'