

NAME \_\_\_\_\_  INITIAL VISIT  DISCHARGE VISIT

DATE \_\_\_\_\_  
 FORM COMPLETED BY:  CAREGIVER  PATIENT

**FUNCTIONAL INDEX**

Please mark the ONE answer in each section that best describes the general functional level of the patient during the last week. Answer questions 1-10 for PT ONLY or questions 1-14 for both PT and OT.

**1. BED MOBILITY**

- Independent in moving from lying down to sitting on edge of bed
- Independent in moving from lying down to sitting on edge of bed using a rail or adaptive equipment
- Moving from lying down to sitting on edge of bed requires minimal assistance of another person
- Moving from lying down to sitting on edge of bed requires moderate assistance of another person
- Moving from lying down to sitting on edge of bed requires maximum assistance of another person
- Dependent in all aspects of moving from lying down to sitting on edge of bed

**2. TRANSFERS**

- Independent in transfers to all surfaces
- Independent in transfers with assistive devices, set up or supervision
- Transfers with light or minimal assist from another person
- Transfers with moderate assist from another person
- Transfers with heavy / maximal assist from another person
- Dependent assist of one or two people necessary for transfers

**3. WALKING**

- Independent and safe walking on all types of terrain
- Independent walking with an assistive device (crutches, cane, walker) on all terrain
- Walking requires light to minimal manual assist with or without a device
- Walking requires moderate manual assist with or without a device
- Walking requires heavy maximum manual assist with or without a device
- Unable to walk

**4. STAIRS**

- Is able to negotiate stairs independently without any type of support or handrail
- Is able to negotiate stairs independently, with the handrail, crutch or cane.
- Is only able to negotiate stairs with minimal manual assist
- Is only able to negotiate stairs with moderate manual assist
- Is only able to negotiate stairs with maximum manual assist
- Is unable to negotiate stairs

**5. BALANCE / STANDING**

- Able to stand independently without support for all activities
- Able to stand independently with support or use of a assistive device for all activities
- Minimal or light support required to stand during an activity and / or has had occasional falls
- Moderate support required to stand during an activity and / or has had frequent falls
- Maximal support required to stand for even brief periods of time
- Unable to stand

**6. CARRYING**

- Able to carry any load independently
- Able to carry moderate loads independently
- Able to carry light loads independently
- Able to carry light loads with assistive equipment
- Able to carry light loads with assistance from another person
- Unable to carry anything

**7. REACHING**

- Able to reach to a high shelf to place an object with both the right and left arm
- Able to reach to a high shelf to place an object with either left or the right arm only
- Able to reach to a high shelf to place an object only if holding on for support
- Unable to reach to a high shelf but can place on object on a chest high shelf
- Able to reach to a counter height to place an object
- Unable to reach arm above waist level

**8. ENDURANCE**

- Endurance does not limit any activity.
- With planning, endurance does not limit activity
- Rest periods are necessary to complete community activities
- Rest periods are necessary to complete household activities
- Occasional rest periods are necessary to complete a single activity
- Frequent rest periods are necessary to complete a single activity

**9. WORK / HOMEMAKING**  
(Applies to work in home and outside)

- Able to work in the home or on the job independently
- Ability to work in the home or on the job is limited by endurance or physical condition
- Able to work in the home or on the job only with modification or adaptive equipment
- Able to work in the home with minimal assistance from others
- Able to work in the home with moderate assistance from others
- Unable to do any work in the home.

**10. COMPREHENSION OF DIRECTIONS OR CONVERSATION**

- Able to follow complex or abstract directions and conversation
- Able to consistently follow basic directions and conversation
- Able to follow directions and conversation but requires occasional verbal, visual or physical cues
- Able to follow directions and conversation but requires verbal, visual or physical cues most of the time
- Able to follow directions and conversation but requires verbal, visual or physical cues all of the time
- Unable to follow directions or conversation even with cues

FOR OCCUPATIONAL THERAPY PATIENTS: *please also answer questions 11-14.*

**11. PERSONAL CARE** (Bathing, grooming)

- Independent and safe in all personal care
- Independent in personal care with additional time
- Independent in personal care with set up or adaptive equipment
- Able to perform personal care tasks with minimal assistance from another person
- Able to perform personal care tasks with moderate assistance from another person
- Able to perform personal care tasks with maximum assistance from another person

**12. DRESSING: UPPER BODY**

- Able to dress and undress upper body independently
- Able to dress and undress upper body independently with additional time
- Able to dress and undress upper body independently with adaptive equipment or set up
- Able to dress and undress upper body with minimal assistance from another person
- Able to dress and undress upper body with moderate assistance from another person
- Able to dress and undress upper body with maximal assistance from another person

**13. DRESSING: LOWER BODY**

- Able to dress and undress lower body independently
- Able to dress and undress lower body independently with additional time
- Able to dress and undress lower body independently with adaptive equipment or set up
- Able to dress and undress lower body with minimal assistance from another person
- Able to dress and undress lower body with moderate assistance from another person
- Able to dress and undress lower body with maximal assistance from another person

**14. EATING**

- Able to feed self independently
- Able to feed self independently with extra time
- Able to feed self independently with set up or adaptive equipment
- Able to feed self with minimal assistance
- Able to feed self with moderate assistance
- Able to feed self with maximum assistance

**ACUITY**

(Answer on initial visit.)

How many days ago did onset/injury occur? \_\_\_\_\_ days

**PLEASE DO NOT COMPLETE THE FOLLOWING SECTIONS ON FIRST VISIT**

**PAIN INDEX**

Please indicate the worst your pain has been in the last 24 hours on the scale below

\_\_\_\_\_   
 No Pain Worst Pain Imaginable

**IMPROVEMENT INDEX**

Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.

\_\_\_\_\_   
 No Improvement Complete Recovery

**WORK STATUS** (check most appropriate)

- 1.  No lost work time
- 2.  Return to work without restriction
- 3.  Return to work with modification
- 4.  Have not returned to work
- 5.  Not employed outside the home

Work days lost due to condition: \_\_\_\_\_ days

I am aware that the information gathered on this form may be used anonymously for research or publication. Please initial: \_\_\_\_\_