

Walton Rehabilitation Hospital
1355 Independence Drive
Augusta, GA 30901-1037
(706) 724-7746

Patient Name: _____

Date: _____

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

What is the condition causing you to come to therapy: _____

Admission Discharge

1. Please mark the line below to indicate the degree of pain.

No Pain _____ Emergency Room

Please check **ONE** box for each question.

2. Symptom Management

My symptoms:

- 1. seldom occur or can be prevented from occurring.
- 2. occur only when I do more aggressive activities than normal.
- 3. occur with normal activities, but I am able to decrease my symptoms by modifying/changing these activities.
- 4. When the pain/symptoms gets worse, exercise or changing positions help to decrease my symptoms.
- 5. Medication, heat, ice or decreasing the activity is required to decrease symptoms.
- 6. Nothing helps.

3. Lifting

I can lift:

- 1. objects that weigh 20 lbs. or more from the floor without increased pain.
- 2. objects that weigh 20 lbs. or more without increased pain, as long as the object is not on the floor.
- 3. objects that weigh 10 to 19 lbs. from the floor without increased pain.
- 4. objects that weigh 10 to 19 lbs. without increased pain, as long as the object is not on the floor.
- 5. objects that weigh less than 10 lbs. from the floor without increased pain.
- 6. objects that weigh less than 10 lbs. without increased pain, as long as the object is not on the floor.

4. Sleeping

- 1. Pain does not prevent me from sleeping well.
- 2. I am able to get a good night's sleep (approx. 6 hours) if I practice relaxation techniques, use pillow to assist with proper positioning, etc – I do not need to take medication.

Although I take medications for pain, practice relaxation techniques, use pillow to assist with proper positioning, etc, pain wakes me up:

- 3. after 6 hours.
- 4. after 4 hours.
- 5. after 2 hours.
- 6. after 1 hour.

5. Driving

- 1. no pain.
- 2. does not increase the pain.
- 3. increases the pain if I do not take frequent rest breaks, change positions, etc.
- 4. is limited to 2 hours or less due to pain.
- 5. is limited to 30 minutes or less due to pain.
- 6. is limited to less than 5 minutes due to pain.

6. Work (Do not answer this question if you are retired or choose not to be employed outside the home.)

I am able to work:

- 1. my regular job without symptoms.
- 2. my regular job with no significant increase in symptoms.
- 3. but my symptoms increase unless I modify the way I do them.
- 4. light duty, with no increase in symptoms.
- 5. light duty, but experience increased symptoms.
- 6. I am unable to work.

7. Social Life

- 1. My social life is normal and not affected by pain.
- 2. My social life is normal, but I experience increased pain when I perform more energetic activities (dancing, hiking, cycling, bowling, swimming etc.)
- 3. My social life is normal, but I experience increased pain with most activities.
- 4. Pain has restricted my social life, and I do not go out as often.
- 5. Pain has restricted my social life to activities at home.
- 6. I have no social life because of pain.

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8. Walking

- 1. I can walk at a normal pace as far as I want (1/2 -1 mile)without pain or without increased pain.
- 2. My symptoms are not aggravated by walking if I walk slowly or take brief rest breaks.
- 3. I can walk as far as I want (1/2 -1 mile)but with increased pain/symptoms.
- 4. I am limited to walking less than 1/4 mile due to pain.
- 5. I am limited to walking less than a football field due to pain.
- 6. I can only walk around the house due to pain.

9. Standing

- 1. I can stand as long as I like without pain or without increased pain.
- 2. My symptoms are not aggravated by standing, as long as I change positions (e.g. rest foot on stool etc.).
- 3. I am limited to standing less than 1 hour due to pain.
- 4. I am limited to standing less than 30 minutes due to pain.
- 5. I am limited to standing less than 10 minutes due to pain.
- 6. I am limited to standing less than 5 minutes.

10. Raising Arm Overhead

- 1. I can raise my arms overhead without pain
- 2. I can raise my arms overhead without increased pain.
- 3. I can raise my arms overhead but it hurts to keep arms overhead more than 5 minutes.
- 4. Pain prevents me from raising my arms overhead for more than a minute
- 5. Pain prevents me from raising my arms overhead for more than a few seconds.
- 6. I cannot raise my arms higher than my shoulders.

Person Completing Form: _____

Relationship to Patient: _____ Date: _____

For office use only			
Overall Score: _____	Location of Pain: _____		
Account number: _____	Type of Patient:		
Admission Date: _____	<input type="checkbox"/> Single service OT/PT	<input type="checkbox"/> Multiservice	
Location of Service: <input type="checkbox"/> Main <input type="checkbox"/> OP	<input type="checkbox"/> Chronic Pain Team	<input type="checkbox"/> Fibromyalgia	