

## FOTO Patient Intake Survey Knee

*Staff to Complete This Section*

PATIENT NAME: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Gender: Male / Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Clinician: \_\_\_\_\_

Body Part \_\_\_\_\_ Impairment \_\_\_\_\_ Care Type \_\_\_\_\_

Payer Source \_\_\_\_\_ (Type of Plan such as Preferred Provider, HMO, WC, Auto Insurance, etc.)

Date of Survey: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The following assessment will ask you about difficulties you may have with certain activities.

It's an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Today, because of your affected knee, do you or would you have any difficulty...	Extreme difficulty / Unable to do	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
1. With any of your usual work, housework, or school activities?					
2. Getting into or out of the bath?					
3. Walking between rooms?					
4. Squatting?					
5. Lifting an object, like a bag of groceries, from the floor?					
6. Performing light activities around your home?					
7. Walking two blocks?					
8. Getting up or down 10 stairs (about 1 flight of stairs)?					
9. Standing for 1 hour?					
10. Running on uneven ground?					

11. Rate the level of pain you have had in the last 24 hours (please circle response):

0    1    2    3    4    5    6    7    8    9    10  
(None) (Pain as bad as it can be)

12. Please indicate the number of surgeries for your primary condition.     None     1     2     3     4+
13. How many days ago did the condition begin?     0-7 days     8-14     15-21     22-90     91 days to 6 mos.     Over 6 mos. ago
14. Are you taking prescription medication for this condition?     Yes     No
15. Have you received treatments for this condition before?     Yes     No
16. How often have you completed at least 20 minutes of exercise, such as jogging, cycling, or brisk walking, prior to the onset of your condition?     At least 3 times a week     Once or twice per week     Seldom or never