FOTO Patient Intake Survey Shoulder

Staff to Complete PATIENT NAME:		Patient ID):	
				Clinician:
Body Part li				
Payer Source				
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.				
How much difficulty do you or would you have using your affected arm to	l can't do this	Much difficulty	Some difficulty	Little No difficulty difficulty
1. carry a shopping bag or briefcase?				
2. push open a heavy door?				
3. reach an overhead shelf?				
4. lower a lightweight object (1-5 lb) from the top shelf of a closet?				
5. carry a heavy object (over 10 lbs)?				
6. pull a medium weight object (5-10 lbs) from under a bed?				
do heavy household chores (e.g., washing walls, washing floors)?				
8. move a heavy skillet (e.g., cast iron skillet) from one stove burner to another?				
9. place a can of soup (1 lb) on a shelf overhead?				
How much difficulty do you or would you have				
10. adjusting the back of your collar with your affected hand?				
11. Rate the level of pain you have had in the <u>last 24 hours</u> (please circle response):				
0 1 2 3	4 5	6 7 8	9 10	
(None)			(Pain as bad a	s it can be)
12. Please indicate the number of surgeries for your primary condition.	None	1 C] 2	3 □ 4+
13. How many days ago did the condition begin?	□ 0-7 days	□ 8-14 □] 15-21 🔲 22-	90 □ 91 □ Over days to 6 6 mos. mos. ago