



# Functional Outcomes Worksheet Upper Extremity

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ Initial Visit /Follow up/ Discharge Visit

**Instructions:** Choose **ONE** answer under each heading that **best** describes your current abilities regarding the **specific reason or body part** you are being treated for.

### WORK (at home or at your job)

- I can do as much work as I want
- I can only do my usual work
- I can do my usual work if I can rest occasionally
- I can only do work that's easier than usual (light duty)
- I need lots of breaks to do any work
- I cannot work AT ALL

### PERSONAL CARE (*Washing, Dressing, etc*)

- I can manage all personal care without symptoms
- I can manage all personal care with some increased symptoms
- Personal care requires slow, concise movements due to increased symptoms
- I need help to manage some personal care
- I need help to manage all personal care
- I cannot manage any personal care

### SLEEPING

- I have no trouble sleeping
- My sleep is mildly disturbed (less than 1 hr sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleepless)

### RECREATION/SPORTS

(*List activity*\_\_\_\_\_)

- I can do all my activities as usual
- I have symptoms but still do all my activities
- My symptoms prevent me from doing some activities
- I can only do a few of my usual activities
- I can only do activities that don't require physical effort
- I cannot do ANY of my hobbies or recreational activities

### CARRYING

- I can carry heavy loads without increased symptoms
- I can carry heavy loads with some increased symptoms
- I cannot carry heavy loads overhead, but I can manage if they are positioned close to my trunk
- I cannot carry heavy loads, but I can manage light to medium loads if they are positioned close to my trunk
- I can carry very light weights with some increased symptoms
- I cannot lift or carry anything at all

### DRESSING

- I can put on a shirt without symptoms
- I can put on a shirt with some increased symptoms
- It is painful to put on a shirt & I am slow and careful
- I need some help but I manage most of shirt dressing
- I need help in most aspects of putting on my shirt
- I cannot put on a shirt at all

### REACHING

- I can reach & lift an object overhead easily
- I can reach overhead but I cannot lift anything
- I can reach overhead but it's difficult
- I can reach or lift something to shoulder height only
- I can only reach to shoulder height
- I cannot reach above waist level

### DRIVING

- I can drive my car or travel without extra pain
- I can drive my car or travel as long as I want with slight pain
- I can drive my car or travel as long as I want with moderate pain
- I cannot drive my car or travel as long as I want because of moderate pain
- I can hardly drive at all or travel because of severe pain
- I cannot drive my car or travel at all

### LIFTING

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights, but manage if they are conveniently positioned (i.e. on a table)
- Pain prevents me from lifting heavy weights but I manage light to medium weights if they are conveniently positioned
- I can lift only very light weights
- I cannot lift or carry anything at all

### WALKING

- Pain does not keep me from walking
- I can only walk about 1/2 mile or 30 minutes
- I can only walk about 1/4 mile or 15 minutes
- I can only walk a few hundred feet or 5 minutes
- I need assistance to walk
- I can only walk a few feet, with assistance



## TREATMENT AREA/BODY PART PAIN

Please circle the number indicating your worst pain during the **last 24 hours**:

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

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**0**= No pain

**1**= Tolerable discomfort

**2**= Minimal pain, when in certain positions or situations, can be ignored

**3**= Pain cannot be ignored, but can be tolerated, minimal concentration interference

**4**= Pain occasionally interferes with concentration, minimal pain compensation behaviors, performance difficulties with one or two tasks

**5**= Pain interferes with concentration and/or performance difficulties 25% of the time, pain compensation behaviors displayed

**6**= Pain interferes with concentration and performance difficulties 50% of the time, pain compensation behaviors displayed

**7**= Pain interferes with concentration and performance difficulties 75% of the time, pain compensation behaviors displayed

**8**= Pain continuously interferes with concentration and performance is limited, pain compensation behaviors displayed

**9**= Intolerable pain, concentration and performance interference except basic needs of eating, toileting

**10**= Intolerable pain, unable to concentrate, performance difficulties and limitations in all tasks, hospitalization required.

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*This item for Follow Up/Discharge Visit Only*

## TREATMENT AREA/BODY PART IMPROVEMENT INDEX

Please circle the percentage of your improvement since beginning therapy:

<b>0</b>	<b>10</b>	<b>20</b>	<b>30</b>	<b>40</b>	<b>50</b>	<b>60</b>	<b>70</b>	<b>80</b>	<b>90</b>	<b>100</b>

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No improvement

Complete recovery