

**CARE CONNECTIONS**

NAME \_\_\_\_\_

Initial Visit     Discharge Visit

DATE \_\_\_\_\_

**FUNCTIONAL INDEX**

Answer all ten sections in Part 1. Choose the one answer in each section that best describes how able you are completing daily activities in the past week.

**WORK**

*(Applies to work in home and outside)*

- I can do as much work as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all (only light duty).
- I cannot do any work at all.

**PERSONAL CARE**

*(Washing, Dressing, Grooming, 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 disturbed 1-2 hrs.
- My sleep is disturbed 2-3 hrs.
- My sleep is disturbed 3-5 hrs.
- My sleep is completely disturbed (5-7 hrs. sleepless).

**LEISURE/SPORTS**

*(Indicate Sport if Appropriate \_\_\_\_\_)*

- I am able to engage in all my regular leisure activities without increased symptoms.
- I am able to engage in all my leisure activities with some increased symptoms.
- I can do most, but not all of my usual leisure activities because of increased symptoms.
- I can do a few of my usual leisure activities because of increased symptoms.
- I can hardly do any leisure activities because of increased symptoms.
- I cannot do any leisure activities at all.

**REACHING**

- I can reach a high shelf to place an empty cup without increased symptoms.
- I can reach a high shelf to place an empty cup with some increased symptoms.
- I cannot reach a high shelf to place an empty cup, but I can reach up a lower shelf without increased symptoms.
- I cannot reach a lower shelf without increased symptoms, but I can reach counter height to place an empty cup.
- I cannot reach my hand above waist level without increased symptoms.
- I cannot reach at all.

**LIFTING**

- I can lift heavy weights without difficulty.
- I can lift heavy weights but it gives extra pain.
- I cannot lift heavy weights overhead, but I can manage if they are positioned on a table.
- I can lift light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all with my involved hand.

**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 carry anything at all.

**DRIVING**

- I can drive without difficulty.
- I can drive my car as long as I want to with slight pain.
- I am limited to using one hand, but can drive necessary distances.
- I can drive as long as I want to with moderate pain.
- I can drive only limited distances because of severe pain or limited hand use.
- I cannot drive my car at all.

**DEXTERITY**

- I have no difficulty performing fine manipulation tasks.
- I experience slight discomfort, stiffness or swelling with regular tasks.
- I perform tasks at a slower pace, or activity is occasionally limited by symptoms.
- I perform tasks at a slower pace and I frequently am limited by symptoms of stiffness, swelling or discomfort.
- I tolerate only the very lightest tasks and infrequently handle objects.
- I cannot do fine manipulation tasks.

**WRITING**

- I can write as long as I want to without symptoms.
- I can write as long as I want to with adaptive equipment or setup.
- I can write with some difficulty or limitation.
- I have a lot of difficulty with writing and I am frequently limited.
- I can write my name only.
- I am unable to tolerate writing at all.

**ACUITY** *(Answer on initial visit.)*

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

**PAIN INDEX**

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

\_\_\_\_\_

No Pain Worst Pain Imaginable