FOTO Patient Intake Survey
Neck, Cranium / Mandible, Thoracic Spine, Ribs

Staff to Complete

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: ____/____/_____

We are interested in how you feel about how well you are able to do your usual activities. This information will help us take better care of you. Please answer the questions based on the problem for which you are receiving treatment. If you do not do or have not done this activity, please make your best guess as to which response is most accurate.

Today, does or would your health problem limit:	Yes, limited a lot	Yes, limited a little	No, not limited at all
1. Vigorous activities like running, lifting heavy objects, participating in strenuous sports?			
2. Participating in recreation?			
3. Moderate activities like moving a table or pushing a vacuum cleaner, bowling, or playing golf?			
4. Lifting or carrying items like groceries?			
5. Lifting overhead to a cabinet?			
6. Gripping or opening a can?			
7. Handling small items like pens or coins?			
8. Feeding yourself?			
9. Getting in and out of bed?			
10. Bathing or dressing?			
11. Completing your toileting?			

12. 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)

13. Please indicate the number of surgeries for your primary condition. ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4+

14. 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

15. Are you taking prescription medication for this condition? ☐ Yes ☐ No

16. Have you received treatments for this condition before? ☐ Yes ☐ No

Patient Name: _____ Patient ID _____

17. 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

18. Other health problems may affect your treatment. Please check (✓) any of the following that apply to you:

- ☐ Arthritis (rheumatoid / osteoarthritis)
- ☐ Osteoporosis
- ☐ Asthma
- ☐ Chronic Obstructive Pulmonary Disease (COPD), acquired respiratory distress syndrome (ARDS), or emphysema
- ☐ Angina
- ☐ Congestive heart failure (or heart disease)
- ☐ Heart attack (Myocardial infarction)
- ☐ High blood pressure
- ☐ Neurological Disease (such as Multiple Sclerosis or Parkinson's)
- ☐ Stroke or TIA
- ☐ Peripheral Vascular Disease
- ☐ Headaches
- ☐ Diabetes Types I and II
- ☐ Gastrointestinal Disease (ulcer, hernia, reflux, bowel, liver, gall bladder)
- ☐ Visual impairment (such as cataracts, glaucoma, macular degeneration)
- ☐ Hearing impairment (very hard of hearing, even with hearing aids)
- ☐ Back pain (neck pain, low back pain, degenerative disc disease, spinal stenosis)
- ☐ Kidney, bladder, prostate, or urination problems
- ☐ Previous accidents
- ☐ Allergies
- ☐ Incontinence
- ☐ Anxiety or Panic Disorders
- ☐ Depression
- ☐ Other disorders
- ☐ Hepatitis / AIDS
- ☐ Prior surgery
- ☐ Prosthesis / Implants
- ☐ Sleep dysfunction
- ☐ Cancer

19. Height: _____ ft. _____ in. Weight: _____ lbs.

20. This is a statement other patients have made.
"I should not do physical activities which (might) make my pain worse."
Please rate your level of agreement with this statement.

- ☐ Completely Disagree
- ☐ Somewhat Disagree
- ☐ Unsure
- ☐ Somewhat Agree
- ☐ Completely Agree

NECK DISABILTY INDEX:

Please Read: This questionnaire is designed to enable us to understand how much neck pain has affected your ability to manage everyday activities. Please answer each Section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may related to you, but please circle the one choice which closely describes your problem **RIGHT NOW.**

SECTION 1: Pain Intensity
- ☐ **0** I have no pain at the moment
- ☐ **1** The pain is mild at the moment
- ☐ **2** The pain comes & goes & is moderate
- ☐ **3** The pain is moderate & does not vary much
- ☐ **4** The pain is severe but comes & goes
- ☐ **5** The pain is severe & does not vary much

SECTION 2: Personal Care (Washing, Dressing, etc.)
- ☐ **0** I can look after myself without causing extra pain
- ☐ **1** I can look after myself normally but it causes extra
- ☐ **2** It is painful to look after myself and I am slow & careful
- ☐ **3** I need some help but manage most of my personal care
- ☐ **4** I need help every day in most aspects of self-care
- ☐ **5** I do not get dressed; I was with difficulty and stay in bed

SECTION 3: Lifting
- ☐ **0** I can lift heavy weights without extra pain
- ☐ **1** I can lift heavy weights, but it causes extra pain
- ☐ **2** Pain prevents me from lifting heavy weights off the floor, but if they are conveniently positioned, for example on a table
- ☐ **3** Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ **4** I can only lift very light weights
- ☐ **5** I cannot lift or carry anything at all

SECTION 4: Reading
- ☐ **0** I can read as much as I want to with no pain in my neck
- ☐ **1** I can read as much as I want with slight pain in my neck
- ☐ **2** I can read as much as I want with moderate pain in my neck
- ☐ **3** I cannot read as much a I want because of moderate pain in my neck
- ☐ **4** I cannot read as much as I want because of severe pain in my neck
- ☐ **5** I can not read at all because of neck pain

Section 5: Headaches
- ☐ **0** I have no headaches at all
- ☐ **1** I have slight headaches that come frequently
- ☐ **2** I have moderate headaches that come in-frequently
- ☐ **3** I have moderate headaches that come frequently
- ☐ **4** I have severe headaches that come frequently
- ☐ **5** I have headaches almost all the time

SECTION 6: Concentration
- ☐ **0** I can concentrate fully when I want to with no difficulty
- ☐ **1** I can concentrate fully when I wan to with slight difficulty
- ☐ **2** I have a fair degree of difficulty in concentrating when I want to
- ☐ **3** I have a lot of difficulty in concentrating when I want to
- ☐ **4** I have a great deal of difficulty in concentrating when I want to
- ☐ **5** I cannot concentrate at all

SECTION 7: Work
- ☐ **0** I can do as much work as I want to
- ☐ **1** I can only do my usual work but no more
- ☐ **2** I can do most of my usual work but no more
- ☐ **3** I cannot do my usual work
- ☐ **4** I can hardly do any work at all
- ☐ **5** I cannot do any work at all

SECTION 8: Driving
- ☐ **0** I can drive my car without neck pain
- ☐ **1** I can drive my car as long as I want with slight pain in my neck
- ☐ **2** I can drive my car as long as I want to with moderate pain in my neck
- ☐ **3** I cannot drive my car as long as I want because of moderate pain in my neck
- ☐ **4** I can hardly drive my cart at all because of severe pain in my neck
- ☐ **5** I cannot drive my car at all.

SECTION 9: Sleeping
- ☐ **0** I have no trouble sleeping
- ☐ **1** My sleep is slightly disturbed (less than 1 hr. sleepless)
- ☐ **2** My sleep is mildly disturbed (1-2 hrs. sleepless)
- ☐ **3** My sleep is moderately disturbed (2-3 hrs. sleepless)
- ☐ **4** My sleep is greatly disturbed (2-3 hrs. sleepless)
- ☐ **5** My sleep is completely disturbed (5-7 hrs. sleepless)

SECTION 10: Recreation
- ☐ **0** I am able to engage in all recreational activities with no pain in my neck at all
- ☐ **1** I am able to engage in all recreational activities with some pain in my neck
- ☐ **2** I am able to engage in most, but not all, recreational activities because of pain in my neck
- ☐ **3** I am able to engage in only a few of my usual recreational activities because of pain in my neck
- ☐ **4** I can hardly do any recreational activities because of pain in my neck
- ☐ **5** I cannot do any recreational activities at all

SCORING:
Simply count up the points and plug the total in below: For each question there is a possible of 5 points: 0 for the first question, 1 for the second question, 2 for the third question etc.