MULTIPLE REGION FUNCTIONAL CAPACITY QUESTIONNAIRE

Patient: Fill out Sections 1 to 10. In each section, check one box that best applies to your current condition.

Patient Name: ______________________________ Date:

1. CURRENT PAIN INTENSITY (Check One Box That Best Applies Currently)

☐	I currently have no pain or soreness.
☐	My soreness/pain annoys me at work and/or at home. I am able to do all physical activity. This pain does not slow me down.
☐	My pain is now beginning to restrict my more strenuous physical activities, such as heavy lifting. Able to perform most activities.
☐	My pain causes some difficulty with the performance of moderate level physical activities. Unable to do more strenuous activities.
☐	My pain makes it difficult to do average physical activity. Unable to do all heavy physical activities and some average level activities.
☐	My pain causes significant difficulty in light physical activity. Unable to do average work. Have significant difficulty sleeping.

2. CURRENT WORK ABILITY FUNCTION (Check One Box That Best Applies Currently)

☐	I am currently able to work full time and function normally in all job requirements with no pain or other symptoms
☐	I work full time and have annoying pain or other symptoms that do not slow me down or limit my ability to do all activities.
☐	I work full time. My work output quality and/or quantity have/has been reduced 10-20% due to pain. The pain or other symptoms caused by working results in my occasionally halting work or slowing down. I require assistance at work occasionally.
☐	I am able to work presently. I am not able to work at a normal pace beyond 2 hours and at a slower pace beyond 4 hours. My performance output quality and/or quantity is reduced by 30-60%.
☐	I am able to work on a limited basis. I am not able to work at a normal pace for more than 30-60 minutes at a time. I can work at a slower pace with less physical activity beyond 2 hours. My ability to perform job requirements has been recently reduced by 60-90%.
☐	I am not able to work at a normal or a slower pace. Job quality and quantity output are reduced by more than 90%. I am unable to work on a part-time status even with a flexible work schedule or job modification.

3. SPORTS, HOBBIES, AND SOCIAL ACTIVITIES (Check One Box That Best Applies Currently)

☐	I can perform normal sports, hobbies, and social activities with my friends, family, or business acquaintances at this time.
☐	I can perform normal sports, hobbies, and social activities, but my symptoms do occasionally slow me down.
☐	My symptoms limit my more energetic or competitive sports, hobbies, or social activities such as dancing or running.
☐	My symptoms limit my performance of moderate sports, hobbies, or social activities. I do not go out as often.
☐	My symptoms limit me to only minimal sports, hobbies, and social activities.
☐	I am unable to perform in any sports, hobbies, or social activities due to the pain or other symptoms.

4. HOME ACTIVITIES (Check One Box That Best Applies Currently)

☐	I can perform all normal home activities such as vacuuming, cooking, cleaning, and mowing the lawn presently.
☐	I am able to perform all normal home activities but my symptoms occasionally slow me down.
☐	Symptoms prohibit very strenuous home activities. I am able to do light to moderately strenuous home activities.
☐	Symptoms limit moderate home activities. I am able to do light home activities. I sometimes need help doing activities.
☐	I am only able to do light home activities. I am unable to vacuum, mow lawns, sweep, mop, and do laundry.
☐	I am unable to do any home activities due to pain or other symptoms. I need help putting on my clothes.

5. SLEEPING ABILITY (Check One Box That Best Applies Currently)

☐	I have normal sleeping patterns recently.
☐	I have occasional difficulty sleeping due to pain or other symptoms. I wake up at night, resulting in less than 5 minutes of sleep disturbance.
☐	I have intermittent difficulty sleeping due to symptoms. I wake up at night, resulting in 30 minutes to 1 hour of sleep disturbance.
☐	I have frequent difficulty sleeping due to symptoms. I wake up at night, resulting in 1-3 hours of sleep disturbance. Medications help sleep.
☐	My sleeping pattern is very restless with about 50% less sleep hours. I need medications to sleep. I frequently feel fatigued.
☐	I have no normal sleeping hours. I am never able to sleep more than 2-3 hours without heavy medication. I never feel rested.

6. SITTING ACTIVITIES PRESENTLY (Check One Box That Best Applies Currently)

☐	I can sit at my desk, terminal, chair/couch, or in my car normally with no difficulty for normal periods of time presently.
☐	Prolonged sitting (more than 4-6 hours) will cause annoying or mild discomfort or other symptoms.
☐	Prolonged sitting (2-4 hours) will cause pain to increase to levels that require me to change my position.
☐	I can sit or drive for 1-2 hours but I need frequent breaks to change my body position. I am unable to sit constantly for over 1 hour.
☐	I cannot sit or drive for more than 30-60 minutes at a time due to pain severity.
☐	I cannot sit at my desk, or in my chair at home, or drive my car at any time for more than 5-10 minutes due to pain severity.

7. UPPER BODY FUNCTION (NECK, SHOULDER, ARMS, HANDS, AND UPPER BACK) (Check One Box)

☐	I am able to use my neck, upper back, shoulders, arms, and hands in all activities with no pain or other symptoms recently.
☐	Use of my neck, upper back, shoulders, arms, and hands cause me annoying symptoms. Still able to do all activities.
☐	I am able to move my neck, lift with my arms, reach over my head, carry objects, and grip objects with my hands. I have some difficulty with heavier lifting, or reaching objects over the level of my head. I have occasional weakness with hands. I am unable to type or use a computer keyboard for more than 3-4 hours a day.
☐	I am able to lift my arms up to the height of my shoulder or head for short periods and carry light to moderate weight objects in hands. I am unable to type more than 1-2 hours due to pain, numbness, or tingling. I drop objects occasionally. I have to use two hands to do some tasks where I would normally use one hand. Unable to lift or carry heavy objects.
☐	I am able to carry and grip only light objects. I get severe neck, upper back, or arm pain/symptoms when lifting any object over 1 pound over the height of my shoulder. I am unable to lift arms with any objects in my hands over the height of my head. I have difficulty gripping and grasping objects. I drop objects daily unless I am very careful. I have to use two hands for most activities that I could do with one hand before. I am unable to type for more than 5-10 minutes at a time.
☐	I am able to lift my arms to the level of my shoulders. Lifting my arms over the height of my head causes severe pain. Every time I lift my arms or twist my upper back or neck I get severe pain and have to lower my arms or straighten my body.

8. LOWER BODY FUNCTION (LOW BACK, HIP, KNEE, LEGS AND FEET) (Check One Box)

☐	I can sit, drive, stand, squat, stoop, walk, bend, use my feet, and lift with my low back, hip, and legs with no pain presently.
☐	I get annoying discomfort if doing prolonged (more than 6 hours) sitting, driving, walking or standing or very strenuous physical activities such as lifting, squatting, stooping, and bending.
☐	Heavy lifting (more than 60 pounds) causes severe low back or leg pain. Able to lift light to moderate weight with little pain. Sitting, driving, walking, standing, or bending for more than 2-3 hours a day causes pain levels to increase to point where I have to stop and take a break.
☐	I am unable to lift more than 50 pounds due to severe pain. I am able to lift 25-45 pounds with some moderate pain. Slight discomfort lifting less than 25 pounds. Sitting, driving, walking, standing, or bending for more than 1-2 hours a day causes pain levels to increase to point where I have to stop and take a break.
☐	I am unable to lift more than 25 pounds due to severe pain. I am able to lift 10-20 pounds with some moderate pain. Slight discomfort lifting less than 5 pounds. Sitting, driving, walking, standing, or bending for more than 30 minutes a day causes pain levels to increase to point where I have to stop and take a break.
☐	I experience severe low back or leg pain when doing any lifting or by simply bending my back or hips. I am able to walk only with the use of a cane, crutches, back brace, or by supporting myself. I need to lie down frequently to relieve pain. I am unable to lift any object. I have severe difficulty using the bathroom. I am unable to stand or walk for more than 5 minutes.

9. HEADACHES AND/OR MIGRAINE HEAD PAIN RECENTLY (Check One Box That Best Applies Currently)

☐	I have no headaches or migraine pain recently or today.
☐	My headache pain annoys me. I am able to work and perform all normal work/home/sport activities with the head pain.
☐	My headaches cause me to lose up to 30 minutes of productive time at work/home each day recently.
☐	My headaches cause me to lose 30 minutes to 2 hours of productive time at work/home each day.
☐	My headaches cause me to lose 2-4 hours of productive time at work/home each day. Unable to do sport activities.
☐	My headache/migraine pain makes it impossible to work, go to school, do home activities, or do recreational activities.

10. MENTAL ABILITY FUNCTION (Check One Box That Best Applies Currently)

☐	My memory and mental function are normal. I have no difficulty with work or home mental-intellectual demands recently.
☐	I am able to perform most mental activities and am able to function at work, at home, and in society. I have occasional slight difficulty with complex tasks, memory, remembering appointments, balancing checkbook, and doing math.
☐	I am able to function at work and home and society. I have difficulty with complex tasks, multiple tasks, intense concentration projects. I have noticed about 10-25% memory loss and job performance decline recently.
☐	I am not able to handle complex or multiple tasks. I have notable memory loss and difficulty making decisions. My friends and family have noticed recent personality changes. It takes much longer to do work and home tasks. I can handle one task at a time. I use a day timer to help me remember things I need to do. I have about 25-50% loss of job performance recently.
☐	I am able to handle only one simple mental task at a time. I am unable to keep my job because of performance ratings. I have noticed 50-75% loss of memory skills and ability to perform mental skills.
☐	I am unable to hold any job at all. I am unable to balance a checkbook and need help. I am unable to shop at a grocery store without a shopping list. I am unable to remember instructions.

Patient Name:	Klingert Chiropractic

Form 2600

Staff/Doctor Only: Score Sections 1-10: ___________ X 2 Equals Total Disability Score of: __________