

Name:

Date:

Distance you can walk:

- a. Unlimited
- b. more than 10 blocks
- c. 5-10 blocks
- d. less than 5 blocks
- e. house bound
- f. unable to walk

Support:

- a. None
- b. cane
- c. 2 canes
- d. crutches or walker
- e. wheelchair

Do you climb stairs:

- a. Normally without bannister
- b. Step over step w\ banister
- c. Banister to go down only
- d. Extreme difficulty: 2 feet on 1 step at a time with banister
- e. Unable to do stairs

Sitting:

- a. Comfortable any chair 1 hour
- b. Comfortable high chair 1 hour
- c. Unable to sit comfortably

Arise from a chair:

- a. Without support
- b. Need arms or support

Stairs:

- f. Step over step unsupported
- g. Step over step w\ banister
- h. Up normal, down with bannister
- i. One step at a time\extremely difficult
- j. Unable

Socks/ Ties shoes:

- a. With ease
- b. With difficulty
- c. Unable

Transportation:

- a. Get in & out of car independently
- b. Significant difficulty

1b. Mark with an 'X' or shade the **LOCATIONS** of your joint pain on the diagrams below:



Does your hip / knee catch or lock? With pain?

Does your hip / knee buckle or give way?

What activities make your pain worse?

What helps alleviate the pain?

What activities have you had to give up?