



Physical Therapy... the Neapolitan way

UPPER QUARTER

Patient's Name: _____

Acct. #: _____

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This questionnaire is about the way your upper back, arm, neck and/or head pain is affecting your daily life. We would like to know if your problem makes it difficult to perform any of the following activities listed below. Each activity has a scale of 0-10. Please rate each activity (*do not skip any activities*).

Today, do you find it difficult to perform the following activities because of your problem?

(0) = No Difficulty	(1-3) MILD	(4-6) MODERATE	(7-9) SEVERE	(10) Unable To Do
Activity				Rating
1. Sleep for at least 6 hours.				
2. Sleep on affected side.				
3. Reach into front pocket.				
4. Reach the small of back and tuck in shirt.				
5. Wash or brush hair (including the back of head).				
6. Reach across or back to grab shoulder harness of seatbelt in car.				
7. Place a dish on shelf at shoulder level.				
8. Remove garment hanging in closet.				
9. Place a glass/mug on high shelf.				
10. Pick up gallon of milk from refrigerator.				
11. Carry a 10 pound plastic bag of groceries at side.				
12. Pour drink from a bottle				
13. Vacuum floor or rake lawn.				
14. Put a pullover on or off by going over your head.				
15. Putting a coat on, finishing with the affected shoulder/arm.				
16. Turning a key in a lock.				
17. Computer use or other desk work (writing, telephone use etc.)				
18. Picking up small objects with your fingers.				
19. Looking up				
20. Turning your head to either side.				
21. Work related activities or main activity if not employed.				
22. Recreational or Sporting Activities.				
23. List any other activity.				
24. List any other activity.				

Comments:

Total:

Patient Signature: _____ Date: _____

BELOW IS FOR OFFICE USE ONLY

Initial
 Progress
 Discharge
 Total Score: _____ / _____ = Average Score: _____