# FOTO Patient Intake Survey Lumbar Spine

Name: Date:

**Please Read Carefully:** Answer each question based on the p**roblem for which you are receiving treatment**. Mark which column best describes how you are able to do each activity. Please answer each question even if you do not do or have not done this activity. Make your best guess as to which response is most accurate.

| **Because of your affected back do you or would you have any difficulty…** | Unable to do | Extreme difficulty | Quite a bit of difficulty | Moderate Difficulty | A little bit of difficulty | No Difficutly |
|---|---|---|---|---|---|---|
| 1. Any of your usual work, housework, or school activities | | | | | | |
| 2. Your usual hobbies, recreational, or sporting activites | | | | | | |
| 3. Performing heavy activities around your home | | | | | | |
| 4. Bending or stooping | | | | | | |
| 5. Lifting a box of groceries from the floor | | | | | | |

| | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|---|---|---|---|
| 6. Vigorous activites, such as running, lifting heavy objects, participating in strenuous sports | | | |
| 7. Moderate actiivites, such as moving a table, pushing a vacuum cleaner, bowling or playing golf | | | |
| 8. Lifting or carrying groceries | | | |
| 9. Attending social or cultural events | | | |
| 10. Getting in and out of your chair | | | |