

Functional Baseline Questionnaire

Name: _____ Date of Birth: _____ Date: _____

**Please complete this form and the questions as they pertain to your
regular/normal job duties**

Job Title: _____

Employer: _____

1. How many hours per week do you usually work on this job? _____

2. Are you currently working? Yes No

If Yes, Full Time Part Time Modified Duty

If Modified Duty, what are your current job restrictions: _____

If No, last date worked: _____

3. On your regular duty job how often do you **lift from floor to waist?**

	Not at all (never)	Rarely (1-2 times/day)	Occasionally (1-4 times/hr)	Frequently (5-24 times/hr)	Constant (>25 times/hr)
0-10 lbs.	()	()	()	()	()
11-20lbs.	()	()	()	()	()
21-50lbs.	()	()	()	()	()
51-100lbs.	()	()	()	()	()
>100 lbs.	()	()	()	()	()

4. On your regular duty job how often do you **lift from waist to shoulder?**

	Not at all (never)	Rarely (1-2 times/day)	Occasionally (1-4 times/hr)	Frequently (5-24 times/hr)	Constant (>25 times/hr)
0-10 lbs.	()	()	()	()	()
11-20lbs.	()	()	()	()	()
21-50lbs.	()	()	()	()	()
51-100lbs.	()	()	()	()	()
>100 lbs.	()	()	()	()	()

Name: _____ Date: _____

5. On your regular duty job how often do you **lift overhead**?

	Not at all (never)	Rarely (1-2 times/day)	Occasionally (1-4 times/hr)	Frequently (5-24 times/hr)	Constant (>25 times/hr)
0-10 lbs.	()	()	()	()	()
11-20lbs.	()	()	()	()	()
21-50lbs.	()	()	()	()	()
51-100lbs.	()	()	()	()	()
>100 lbs.	()	()	()	()	()

6. On your regular duty job how often do you **carry**?

	Not at all (never)	Rarely (1-2 times/day)	Occasionally (1-4 times/hr)	Frequently (5-24 times/hr)	Constant (>25 times/hr)
0-10 lbs.	()	()	()	()	()
11-20lbs.	()	()	()	()	()
21-50lbs.	()	()	()	()	()
51-100lbs.	()	()	()	()	()
>100 lbs.	()	()	()	()	()

7. On your regular duty job how often do you **push**?

	Not at all (never)	Rarely (1-2 times/day)	Occasionally (1-4 times/hr)	Frequently (5-24 times/hr)	Constant (>25 times/hr)
0-10 lbs.	()	()	()	()	()
11-20lbs.	()	()	()	()	()
21-50lbs.	()	()	()	()	()
51-100lbs.	()	()	()	()	()
>100 lbs.	()	()	()	()	()

8. On your regular duty job how often do you **pull**?

	Not at all (never)	Rarely (1-2 times/day)	Occasionally (1-4 times/hr)	Frequently (5-24 times/hr)	Constant (>25 times/hr)
0-10 lbs.	()	()	()	()	()
11-20lbs.	()	()	()	()	()
21-50lbs.	()	()	()	()	()
51-100lbs.	()	()	()	()	()
>100 lbs.	()	()	()	()	()

9. **Work postures:** For this job, fill in the hours per day that you usually work in the following postures:

	Max Hours at 1 Time	Total Hours/Day
- Sitting Down (office, car, truck, etc.)	_____	_____
- Standing (at a counter, at a machine)	_____	_____
- Walking	_____	_____

Name: _____ Date: _____

10. How often do you have to **forward bend/stoop** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

11. How often do you have to **squat/crouch** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

12. How often do you have to **kneel** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

13. How often do you have to **crawl** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

14. About how many times per day do you **climb stairs or ladders** on this job?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

15. How often do you **reach forward** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

16. How often do you **reach above shoulder height** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

17. How often do you have to **twist at the hips** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

18. How often do you have to **balance** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

Name: _____ Date: _____

19. How often do you have to **grasp heavy items** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

20. How often do you have to perform a **pinching activity** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

21. How often do you have to perform **fine motor activities** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

22. Do you have to **drive** in your work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)

23. Five ratings of physical demands are described below. Please mark the one which best describes your job.

- Sedentary** Sometimes I stand or walk but I sit down most of the time. Occasionally, I lift up to 10lbs. load.
- Light** Any of the following:
1. I walk or stand more than 2.5 hrs./day.
2. I often lift up to 10lbs.
3. I sit down, but often work a foot pedal.
- Medium** I often lift up to 20lbs., or sometimes up to 50lbs.
- Heavy** I often lift up to 50lbs., or sometimes up to 100lbs.
- Very Heavy** I often lift over 50lbs., or sometimes over 100lbs.

Patient's Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____

Printed Therapist's Name: _____