

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)
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- 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)
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- 0-10 lbs.
- 11-20lbs.
- 21-50lbs.
- 51-100lbs.
- >100 lbs.

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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)
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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)
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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)
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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)
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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	_____	_____

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

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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11. How often do you have to **squat/crouch** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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12. How often do you have to **kneel** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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13. How often do you have to **crawl** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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14. About how many times per day do you **climb stairs or ladders** on this job?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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15. How often do you **reach forward** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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16. How often do you **reach above shoulder height** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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17. How often do you have to **twist at the hips** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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18. How often do you have to **balance** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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19. How often do you have to **grasp heavy items** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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20. How often do you have to perform a **pinching activity** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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21. How often do you have to perform **fine motor activities** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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22. Do you have to **drive** in your work?

Not at all (Never)	Rarely (<1 hr.)	Occasionally (1-2.5 hrs.)	Frequently (2.6-5.5 hrs.)	Constantly (>5.6 hrs)
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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: _____