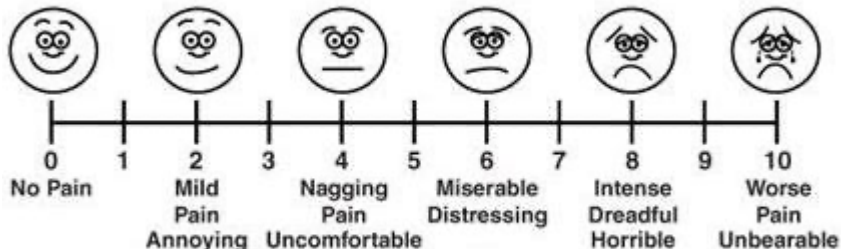


Canyon Physical Therapy and Aquatic Rehabilitation Re-evaluation Questionnaire

Name _____ Date _____ Visit # _____ / _____

Date of most recent Dr's visit _____ and date of future Dr's appointment _____

Please place a **B** on the pain rating scale for your pain level at its best within the last three days and place a **W** on the scale for your pain at its worst in the last three days.



Do you have pain... Less often Just as often More often

How has your activity tolerance changed?

- Much improvement
- Moderate improvement
- Slight improvement
- No improvement

How has your use of pain, anti-inflammatory, or other related medications changed?

- Decreased
- No change
- Increase
- Not using medications related to this problem.

Have any of your medications changed? No Yes - If yes, please list changes on the back of this paper.

With what activities are you still having difficulty? _____

How would you rate your progress with your goals for Physical Therapy: (Place X)

No Progress _____ Fully Recovered
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How would you rate your return to your prior level of function (Place X)

No Progress _____ Fully Recovered
 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

I am satisfied with my ability to complete my activities of daily living.

- Strongly Agree Agree Neutral Disagree

I feel that I am ready to manage my condition/symptoms on my own.

- Strongly Agree Agree Neutral Disagree

What is your overall satisfaction with your care and customer service at Canyon Physical Therapy and Aquatic Rehabilitation (0%-100%)? _____

Comments: _____

