

Date:

Physiotherapist signature/ print:

Name:

DOB/ CHI:



Please complete this leaflet and bring it to your first appointment. This leaflet is to help you get the most out of the appointment with your physiotherapist. This will allow you to work out ways to improve your health and wellbeing.

### 1. What Matters to You?

Physiotherapy works best when we know what matters to you. It can help if you think about what you would like to achieve through physiotherapy, such as: return to work, walk my dog, understanding my pain, manage my condition/pain better.

What would I like to achieve/what are my best hopes?

- 
- 
- 

How will I know I have achieved this/made an improvement?

How confident do I feel about achieving this? (Circle as appropriate)

Not Confident   1   2   3   4   5   6   7   8   9   10   Confident

### 2. General Health

If you don't know your height and weight this can be checked at your appointment

		For official use: BMI	
Height (Metres)	Weight (kgs)	Measured <input type="checkbox"/>	
		Reported <input type="checkbox"/>	

### 3. Your Activity Levels

Please answer the following 3 questions and circle Q3 as appropriate:

1. In a typical week, how many minutes of moderate exercise do you do?  
(e.g. brisk walking)

Minutes

2. In a typical week, how many minutes of vigorous exercise do you do?  
(e.g. running)

Minutes

3. Are you interested in being more physically active?

No

Yes

Please turn over

#### 4. If your main complaint is pain please complete this section

##### *The Keele STarT MSK Tool* © Self-report version

For questions 1-9, think about just the last two weeks:

##### **Pain intensity**

1) On average, how intense was your pain [where 0 is “no pain” and 10 is “pain as bad as it could be”]?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please cross one box for each question below*

**Yes**

**No**

2) Do you often feel unsure about how to manage your pain condition?	<input type="checkbox"/>	<input type="checkbox"/>
3) Over the last two weeks, have you been bothered a lot by your pain?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you only been able to walk short distances because of your pain?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you had troublesome joint or muscle pain in more than one part of your body?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you think your condition will last a long time?	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you have other important health problems?	<input type="checkbox"/>	<input type="checkbox"/>
8) Has pain made you feel down or depressed in the last two weeks?	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you feel it is unsafe for a person with a condition like yours to be physically active?	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had your current pain problem for 6 months or more?	<input type="checkbox"/>	<input type="checkbox"/>

**For Official Use Only**

Total Score: