



JOB DESCRIPTION & GOAL QUESTIONNAIRE

Patient Name: _____ Date: _____

What's your job title: _____

How many hours do you work: ____ per day ____ week ____ overtime

Do you have scheduled / unscheduled breaks: Yes ____ No ____ (give specifics) _____

Please answer all questions, which pertain to the job you will be returning to following your rehabilitation:

1. Do you incorporate any of these activities during your work day:

| | <u>Yes</u> | <u>No</u> | <u>How long</u> | | <u>Yes</u> | <u>No</u> | <u>How long</u> |
|-----------------------|------------|-----------|-----------------|---------------------|------------|-----------|-----------------|
| a) drive | _____ | _____ | _____ | f) stand | _____ | _____ | _____ |
| b) walk | _____ | _____ | _____ | g) bend over | _____ | _____ | _____ |
| c) stair climb | _____ | _____ | _____ | h) squat | _____ | _____ | _____ |
| d) sit | _____ | _____ | _____ | i) kneel | _____ | _____ | _____ |
| e) twist | _____ | _____ | _____ | j) reach | _____ | _____ | _____ |

2. Do you do any pushing / pulling: Yes ____ No ____ *If yes, please answer the following:*

- a. What do you push / pull? _____
- b. How far? _____ How much weight is involved? _____
- c. What types of surface do you push/pull across? _____
- d. Does the unit have wheels? Yes ____ No ____
- e. Comments: _____

3. Do you do any lifting: Yes ____ No ____ *If yes, please answer the following:*

- a. What do you lift? _____
- b. How many pounds is it? (please explain if the weight varies)

- c. Do you lift from: (put yes or no beside each one)
ground to waist ____ waist to shoulder ____ shoulder to over head ____
- d. Comments: _____

4. Do you do any carrying: Yes ____ No ____ *If yes, please answer the following:*

- a. What type of object(s) do you carry: _____
- b. How much weight do you carry and how far: Weight _____ How Far _____

c. What do you carry the object with: (ex: basket, equipment, hand, mechanical)

d. Does the weight vary: _____

5. Do you use any special equipment: (computers, fork lift, jackhammer, machinery, saws)

Please explain: _____

6. Are you Left or Right handed: _____

7. Task description- briefly explain:

a. repetitive motions performed _____

b. describe materials you handle _____

c. production oriented (piece or incentive work) _____

d. quota standards _____

8. Work Goals - (Check **all** the appropriate statements)

- _____ I plan on going back to my old job
- _____ I plan on going back to the same company but a different job
- _____ I need to look for a new job
- _____ I consider myself totally and permanently disabled and thus unable to work
- _____ I choose not to work
- _____ I plan to eventually work full-time (40 hour week)
- _____ I plan to eventually work only part-time (less than 40 hours a week)

9. My goals for rehabilitation are as follows:

a. _____

b. _____

c. _____

10. I feel the biggest barriers to my going back to work are: (please check all that apply)

- | | |
|-----------------------------------|--|
| _____ My strength and endurance | _____ The economy |
| _____ My education | _____ My employment history |
| _____ The fast pace of my old job | _____ My work skills |
| _____ My company's attitude | _____ Fear of losing compensation or disability income |
| _____ My attitude | _____ Loss of income |
| _____ My family's attitude | _____ Fear of hurting myself further |
| _____ My health history | |

Patient Signature

Date

Printed Patient Name _____