COMO Q COPYRIGHT 2022 STUART M GOLDMAN DPM

Name _.	Da	ate	Initial Eval.	Follow up Eval
	This questionnaire should be filled out k	y any patient v	vith chronic pain.	It will only take a
	few minutes to fill out. THANK YOU FO	OR PAYING ATT	ENTION TO ALL D	ETAILS IN FILLING.
	Having this information prepared will	help us spend o	ur time together	more efficiently.
1.	In the last week, how far are you usually able to due to discomfort?	o walk before yo	— u feel that you <u>stro</u>	ongly want to stop
	Less than 100 feet	Over 1	00 but less than 250	Ft (1/2 block)
	Over 250 but less than 500 feet (1 block)	Over 1	block but less than	2 blocks
	Over 2 blocks but less than 5 blocks	Over 5	blocks but less than	n 1 mile
	Over 1 mile but less than 2 miles	Over 2	miles but less than	3 miles
	Over 3 miles but I still need to stop at times	because of discor	mfort	
	I do not need to stop because of discomfort	I do not	walk enough to tes	t myself
2.	In the last week, how long can you usually st positions) because of discomfort?	and before you <u>s</u>	strongly want to si	t (or change
	Less than 2 minutes	More than 2	minutes but less th	an 5 minutes
	More than 5 but less than 10 minutes	More than 1	0 but less than 20 n	ninutes
	Over 20 but less than 30 minutes	Over 30 min	utes but I still some	etimes need to sit
	I do not need to sit or switch positions	I do not sta	nd long enough to t	est myeself
3.	In the last week, how long can you usually S stand up or change sitting position because o		a car) before you <u>s</u>	trongly want to
	Less than 10 minutes	More t	han 10 but less than	30 minutes
_	More than 30 minutes but less than 1 hour Over 3 hours, but I still sometimes need to c			
	Over 3 hours, and I standardly do not need to	change position	s or stand for any re	elief.

For the Remaining Questions, please be guided by the DOD Pain Scale

Defense and Veterans Pain Rating Scale R MODERATE (Yellow) MILD (Green) **Z** <u>a</u> a (2)= (1) (7) 4 Awful, у Notice pain, Distracts Interrupts Hard to S Can't bear As bad as the pain, unable to does not interfere me, can S ignore, hard to do it could be, nething n do usual avoid usual anything ve with activities activities ly de anything else activities act ie matters v 2.0

COMO Q

Do you have a diagnosis and current symptoms (or current treatment) of any of the following conditions?

If so fill out the box for each category, which identifies concerns of the past week only.

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f you h	nave had c	ompre	ssion the	erapy (s	tockings,	wraps, or	r a com	pression p	oump) ւ	were you a	ble to
	Tolerate i	t comfo	ortably		Tolerate	it with so	me dis	comfort			
										Usually	not tolerate it.
	Tolerate w	ith sign	nificant o	discomf	ort	Ofte	n not to	olerate it			
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14.	Ple	ase	identify	the c	ommon	or usua	al level	of foot sy	mpt	oms	of Ne	europ	ath	y in	the	last we	ek.		
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			Numbn	iess				0	1	2	3	4	5	6	7	8	9	10	
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15.	Art	hrit	is of t	he eith	er the _		Left H	ip or		_ Right Hi	p		
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THANK YOU FOR DOING YOUR BEST TO PREPARE THIS INFORMATION FOR YOUR VISIT!