PT-AMS Intake Form Information

Directions: Participants should complete this form prior to data collection. This could be printed off and given to them.

Year of Screen (2025 for example): _____

Age: _____ Self-Reported Weight (lbs) _____ Sex

Self-Reported Height (inches) _____

☐ Male

☐ Female

In general, would you say your health is:

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

Has your health changed in the last 12 months?

☐ Much worse

☐ Somewhat worse

☐ Stayed the same

☐ Somewhat better

☐ Much better

In the last 12 months, have you been hospitalized or had any unplanned medical procedures?

☐ Yes

☐ No

On average, how many days per week do you do moderate to vigorous physical activity like a brisk walk?

☐ 0 Days

☐ 1 Day

☐ 2 Days

☐ 3 Days

☐ 4 Days

☐ 5 Days

☐ 6 Days

☐ 7 Days

On average, how many minutes per session do you engage in moderate to vigorous physical activities? _____

How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training?

- ☐ 0 Days
- ☐ 1 Day
- ☐ 2 Days
- ☐ 3 Days
- ☐ 4 Days
- ☐ 5 Days
- ☐ 6 Days
- ☐ 7 Days

How many days per week do you perform activities that challenge your balance, like standing with your feet together or walking on trails?

- ☐ 0 Days
- ☐ 1 Day
- ☐ 2 Days
- ☐ 3 Days
- ☐ 4 Days
- ☐ 5 Days
- ☐ 6 Days
- ☐ 7 Days

Do you feel unsteady when standing or walking?

- ☐ Yes
- ☐ No

Do you worry about falling?

- ☐ Yes
- ☐ No

Have you fallen in the past year?

- ☐ Yes
- ☐ No

If yes, how many times and were you injured: _____

Think about your ability to perform the following activities and if you have changed the way you do the activity, decreased how often you do the activity, or if you are slower in completing the activity. Changing the way you do something means altering the method, such as using a device, supporting yourself more on a surface or holding onto someone.

Walking a quarter of a mile or about 4 city blocks?

	Yes	No
Do you have difficulty in walking a quarter of a mile or 4 city blocks?	☐	☐
Have you changed the way your walk a quarter of a mile or 4 city blocks?	☐	☐
Have you decreased how often you walk a quarter of a mile or 4 city blocks?	☐	☐
Are you slower when you walk a quarter of a mile or 4 city blocks?	☐	☐

Climbing a flight of steps?

	Yes	No
Do you have difficulty in climbing a flight of steps?	☐	☐
Have you changed the way you climb a flight of steps?	☐	☐
Have you decreased how often you climb a flight of steps?	☐	☐
Are you slower when you climb a flight of steps?	☐	☐

Getting on and off the floor?

	Yes	No
Do you have difficulty getting on and off the floor?	☐	☐
Have you changed the way you get on and off the floor?	☐	☐
Have you decreased how often you get on and off the floor?	☐	☐
Are you slower when you get on and off the floor?	☐	☐

How many prescription medications do you take each day? _____
How many over the counter products, such as supplements or vitamins, do you take each day?
_____

Do you have any concerns about your mobility (ability to get around) or do things that you want to do?

☐ Yes

☐ No

If what are the mobility concerns? _____

What would you like to do that's difficult for you right now?_____

Have you been diagnosed with any of the following conditions? (Check all that apply)

- ☐ Heart disease (AFib, congestive heart failure, bypass surgery, heart attack, angina, others)
- ☐ Any type of lung disease (COPD, Emphysema, Asthma, lung surgery, others)
- ☐ Any type of neurological disease (Parkinson's, Stroke, TIA, Head Injury, MS, etc.)
- ☐ Any types of gastrointestinal disease (reflux, hernia, ulcers, diverticulitis etc.)
- ☐ Arthritis of any kind
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Kidney disease of any kind
- ☐ Osteoporosis, Osteoporosis/osteopenia with or without fracture
- ☐ Sarcopenia (loss of muscle mass)
- ☐ Any type of vascular disease (PVD, varicose veins)
- ☐ Mental Health Issues (depression, anxiety, others)
- ☐ Cognitive Issues (memory loss, mild cognitive impairment, dementia)
- ☐ Difficulty sleeping (C-pap, insomnia, others)
- ☐ Amputation of part of your leg/use of a prosthesis
- ☐ Degenerative disk Disease (stenosis, back pain, severe chronic back pain)
- ☐ Visual impairments (glaucoma, cataracts, macular degeneration),
- ☐ Hearing impairment (very hard of hearing even with hearing aids)
- ☐ Obesity

In the last 12 months, have you had any of the following procedures?

- ☐ Hip Replacement
- ☐ Knee Replacement
- ☐ Hip fracture or repair
- ☐ Other orthopedic surgery
- ☐ Abdominal Surgery
- ☐ Cancer treatment (surgery, chemotherapy, radiation)
- ☐ COVID, pneumonia, or RSV
- ☐ Hospitalization for any other reason