



Kettering Sports Medicine Center – Tipp City
Kettering Health Network

12 Month General Questionnaire for Kettering Sports Medicine Center

- 1 With regards to sports and lifestyle, have you Returned to full sports and activities
(Please select one of the following)
- 2 With regards to work, have you returned to full duty at work
(Please select one of the following)
- 3 Does your injury/surgery still require you to No
take over-the-counter or prescription
medications?
- 4 How long after your injury/surgery did it take _____
for your pain level to decrease to 0 (No Pain)?
If your pain level is not 0, please rate your 0
present amount of pain on this scale: 10
0 No Pain
10 Extreme Pain
- 5 Are you still guarded/protective of your No
injured area?
- 6 Are you still performing your home exercise No
program as instructed by your therapist?
If not, when did you stop performing the
exercises? _____
- 7 Have you received therapy elsewhere for this No
same condition after your discharge from
Kettering Sports Medicine Center?
- 8 Have you sought any further medical No
attention for this same condition? (i.e.
chiropractor, acupuncture, another physician
opinion)

Name: _____

Age: _____

If you would like to speak with your therapist regarding any of the above questions, please call us at 937-669-5757. Thank you.

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