



**Kettering Sports Medicine Center – Tipp City**  
*Kettering Health Network*

**6 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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