

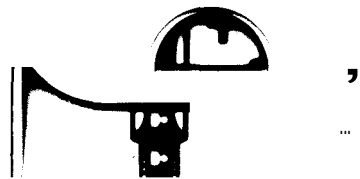
Name: _____

Date: _____

NMH-POTS Functional Inventory

- Yes No NA I am readily fatigued.
- Yes No NA I am in bed or on the sofa more than 6 hours a day.
- Yes No NA I am in bed or on the sofa more than 12 hours a day.
- Yes No NA I am in bed or on the sofa more than 18 hours a day.
- Yes No NA I am out of bed before 9:00 a.m. every day.
- Yes No NA I am out of bed by noon every day.
- Yes No NA I black out once a week.
- Yes No NA I black out once a month.
- Yes No NA I am able to stand for ten minutes before needing to sit or lie down.
- Yes No NA I am able to stand for thirty minutes before needing to sit or lie down
- Yes No NA I am able to sit for thirty minutes before needing to lie down.
- Yes No NA I am able to sit for one hour before needing to lie down.
- Yes No NA I can walk a half mile.
- Yes No NA I can walk a mile.
- Yes No NA I can do 10 deep squats with no increase in symptoms.
- Yes No NA I have no difficulty climbing or descending stairs.
- Yes No NA I have a tutor for some of my classes at home.
- Yes No NA I am able to go to school for some of my classes every day
- Yes No NA I am able to go to school for all of my classes every day
- Yes No NA I play a sport after school.
- Yes No NA I work part time.
- Yes No NA I work part time after school or work full time.
- Yes No NA I can drive a car alone.
- Yes No NA My symptoms increase in hot weather.
- Yes No NA I can drink from a beverage can with no problem.
- Yes No NA My vision affects my dexterity or school/job performance.
- Yes No NA My alertness affects my dexterity or school job performance.
- Yes No NA My headaches affect my school job performance.

@ Rick Violand, PT June 2002



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