

Gait Analysis Questionnaire

Post Operative / Post Botox

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Orthopedic Surgeon: \_\_\_\_\_

Please answer the following questions below as completely as possible. The information that we obtain from this questionnaire will expedite the process while you here.

1. Are you satisfied with outcome of your surgery / botox injection? (Circle one) greatly / average / not really, if not, why? \_\_\_\_\_  
\_\_\_\_\_
2. What, if any, is your main concern with walking now? ( circle all that apply): falls / unbalanced / painful / stiffness / weakness / knees bent / knees too straight / tripping / feet turn in / feet turn out / Feet drag / uncoordinated / legs turn in / trunk leans forward
3. How far can you walk without rest? 1 block / 3-6 blocks / unlimited
4. Has your endurance increased or decreased?
5. Has your strength increased or decreased?
6. Do you use any of the following: wheelchair / walker / crutches / cane / shoe inserts / braces / twister cables / other: \_\_\_\_\_  
How often are they used: often / occasionally / rarely / never
7. Do you need someone's help to walk? Yes / No
8. Do you ever fall? Never / Daily / Weekly / Monthly
9. What are the most difficult surfaces for you to walk on? \_\_\_\_\_  
\_\_\_\_\_
10. What is the most difficult thing for you to do when walking (stairs, crowds, obstacles, curbs etc.)  
\_\_\_\_\_
11. Did you have a physical therapy following your surgery/botox injection? Yes / No  
If yes, who was the physical therapist? \_\_\_\_\_  
How Long? \_\_\_\_\_ How Often? \_\_\_\_\_



12. Do you have recent x-rays? Yes / No

13. Is there anything else that we should know about you that may help us prepare for and complete this study?

---

14. Do you have any other significant medical problems?

Cognitive impairment: Minimal / moderate / severe

Seizures

Behavior problems or attention deficits (circle)

Hearing impairments

Vision Problems

Obesity

Respiratory problems (asthma, BPD)

Heart problems

Oral Motor Problems (speech, Drooling)

Poor Growth and nutrition

Other: \_\_\_\_\_

15. At what age did you start walking? \_\_\_\_\_

