



**QUESTIONNAIRE / OPTIMAL INSTRUMENT**

PF08857 (R 8/13)

PATIENT I.D. \_\_\_\_\_

**Difficulty - Baseline**

<b>Instructions:</b> Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving - lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Standing	1	2	3	4	5	9
10. Walking - short distance	1	2	3	4	5	9
11. Walking - long distance	1	2	3	4	5	9
12. Walking - outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel, and hop without any difficulty, you would choose:

1. 13 2. 8 3. 14)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

24. From the above list of three activities, choose the primary activity you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs without any difficulty, you would choose:

Primary goal. 8

Primary goal. \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_