# PT/OT Patient Outcomes Form

## (version 1.5)

Please fill in the one circle that best describes your answer. (Example: ⬜)

### 1. In general, would you say your health is

- Excellent
- Very good
- Good
- Fair
- Poor

### 2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- Yes, a lot
- Yes, a little
- No, not limited at all

### 3. Climbing several flights of stairs

- Yes
- No

### 4. Accomplished less than you would like

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### 5. Were limited in the kind of work or other activities

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### 6. Accomplished less than you would like

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### 7. Did work or other activities less carefully than usual

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### 8. During the past week, how much did pain interfere with your normal work (including work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

### 9. Have you felt calm and peaceful?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### 10. Did you have a lot of energy?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### 11. Have you felt downhearted and depressed?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### 12. During the past week, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

### How would you rate the severity of your main problem on a scale from 0 (not severe) to 10 (worst imaginable)?

<table>
<thead>
<tr>
<th>Not severe</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Worst imaginable</th>
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