

PATIENT NAME: _____ D.O.B _____

**OPTIMAL INSTRUMENT
DIFFICULTY- FOLLOW- UP**

Instructions: 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	6
2. Rolling over	1	2	3	4	5	6
3. Moving-lying to sitting	1	2	3	4	5	6
4. Sitting	1	2	3	4	5	6
5. Squatting	1	2	3	4	5	6
6. Bending/ stooping	1	2	3	4	5	6
7. Balancing	1	2	3	4	5	6
8. Kneeling	1	2	3	4	5	6
9. Standing	1	2	3	4	5	6
10. Walking- short distance	1	2	3	4	5	6
11. Walking- long distance	1	2	3	4	5	6
12. Walking- outdoors	1	2	3	4	5	6
13. Climbing stairs	1	2	3	4	5	6
14. Hopping	1	2	3	4	5	6
15. Jumping	1	2	3	4	5	6
16. Running	1	2	3	4	5	6
17. Pushing	1	2	3	4	5	6
18. Pulling	1	2	3	4	5	6
19. Reaching	1	2	3	4	5	6
20. Grasping	1	2	3	4	5	6
21. Lifting	1	2	3	4	5	6
22. Carrying	1	2	3	4	5	6

23. Using the above list choose (3) activities you would most like to be able to do without any difficulty. 1. _____ 2. _____ 3. _____

24. From the above list of three activities, choose a Primary activity you would most like to be able to do without any difficulty
Primary Goal: _____

- CH- 0% impaired
- CI- 1 - 20% impaired
- CJ- 20 - 40% impaired
- CK- 40 - 60% impaired
- CL- 60 - 80% impaired
- CM- 80 - 100% impaired
- CN- 100% impaired