

PATIENT NAME: _____ D.O.B: _____

OPTIMAL INSTRUMENT – DIFFICULTY BASELINE

Instructions: Circle the level of difficulty you have for each activity today.

ACTIVITY:	No difficulty:	Little Difficulty:	Moderate Difficulty:	Much Difficulty:	Unable to do:	N/A
1. Lying Flat:	1	2	3	4	5	6
2. Rolling Over	1	2	3	4	5	6
3. From 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/squatting:	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. Short Distance Walking	1	2	3	4	5	6
11. Long Distance Walking	1	2	3	4	5	6
12. Outdoors Walking	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

Office use only:

Symbol:	Date:	Category:	Outcome Tool:	Raw Score:	%Disability:	Optimal Question Numbers:	Optimal Individual Scores

Height: _____ Weight: _____ BMI: _____