|  |  |
| --- | --- |
| **Visit** | Baseline ☐  6-month outcome assessment ☐  12-month follow-up ☐ |
| **Date of data collection** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | |
| **Examiner initials** | |  |  |  | | --- | --- | --- | |  |  |  | |

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| --- | --- | --- |
| **QUESTION** | **RESPONSE (ONE OPTION ONLY)** | **SCORING** |
| **MOBILITY** | I have no problems in walking about  I have slight problems in walking about  I have moderate problems in walking about  I have severe problems in walking about  I am unable to walk about | ☐  ☐  ☐  ☐  ☐ |
| **SELF-CARE** | I have no problems washing or dressing myself  I have slight problems washing or dressing myself  I have moderate problems washing or dressing myself  I have severe problems washing or dressing myself  I am unable to wash or dress myself | ☐  ☐  ☐  ☐  ☐ |
| **USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)** | I have no problems doing my usual activities  I have slight problems doing my usual activities  I have moderate problems doing my usual activities  I have severe problems doing my usual activities  I am unable to do my usual activities | ☐  ☐  ☐  ☐  ☐ |
| **PAIN / DISCOMFORT** | I have no pain or discomfort  I have slight pain or discomfort  I have moderate pain or discomfort  I have severe pain or discomfort  I have extreme pain or discomfort | ☐  ☐  ☐  ☐  ☐ |
| **ANXIETY / DEPRESSION** | I am not anxious or depressed  I am slightly anxious or depressed  I am moderately anxious or depressed  I am severely anxious or depressed  I am extremely anxious or depressed | ☐  ☐  ☐  ☐  ☐ |

