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

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| **Examiner initials** |

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| **QUESTION** | **RESPONSE (ONE OPTION ONLY)** | **SCORING** |
| **MOBILITY** | I have no problems in walking aboutI have slight problems in walking aboutI have moderate problems in walking about I have severe problems in walking aboutI am unable to walk about |  ☐ ☐ ☐ ☐ ☐ |
| **SELF-CARE** | I have no problems washing or dressing myselfI have slight problems washing or dressing myselfI have moderate problems washing or dressing myself I have severe problems washing or dressing myselfI 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 activitiesI have slight problems doing my usual activitiesI have moderate problems doing my usual activitiesI 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 discomfortI have moderate pain or discomfort I have severe pain or discomfortI have extreme pain or discomfort |  ☐ ☐ ☐ ☐ ☐ |
| **ANXIETY / DEPRESSION** | I am not anxious or depressedI am slightly anxious or depressedI am moderately anxious or depressed I am severely anxious or depressedI am extremely anxious or depressed |  ☐ ☐ ☐ ☐ ☐ |

