



47602

PT/OT Patient Outcomes Form  
(version 1.5)

www.palladianhealth.com/members



Last Name																First name														
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PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ● )

Excellent    Very good    Good    Fair    Poor

1. In general, would you say your health is

              

The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

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

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

      

3. Climbing several flights of stairs

      

During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

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

              

During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

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

              

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

              

These questions are about how you feel and how things have been with you during the past week.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past week...

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

9. Have you felt calm and peaceful?

              

10. Did you have a lot of energy?

              

11. Have you felt downhearted and depressed?

              

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)?

Not severe    0    1    2    3    4    5    6    7    8    9    10    Worst imaginable

13. Right now

                                          

14. On average

                                          

15. At its best

                                          

16. At its worst

                                          

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