45804

DC Patient Outcomes Form
(version 1.1)

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

Last Name _____ First Name _____

	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?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	○	○	○
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?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
4. Accomplished less than you would like	○	○	○	○	○
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)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
6. Accomplished less than you would like	○	○	○	○	○
7. Did work or other activities less carefully than usual	○	○	○	○	○

	Not at all	A little bit	Moderately	Quite a bit	Extremely
8. During the past week, how much did pain interfere with your normal work (including work outside the home and housework)?	○	○	○	○	○

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?	○	○	○	○	○

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
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.)?	○	○	○	○	○

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		○	○	○	○	○	○	○	○	○	○	○	

Service Date: __ __ / __ __ / __ __ __ __
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