# PT/OT Patient Outcomes Form

Available online at www.palladianhealth.com/members

Please provide your name:
First name
Last name

**PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER.**

### 1. In general, would you say your health is

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

### 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

- [ ]

### 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

- [ ]

### 6. Accomplished less than you would like

- [ ]

### 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

### 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.)?

- [ ]

### 13. Right now

- [ ]

### 14. On average

- [ ]

### 15. At its best

- [ ]

### 16. At its worst

- [ ]

How would you rate the severity of your main problem on a scale from 0 (not severe) to 10 (worst imaginable)?

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<thead>
<tr>
<th>Not severe</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>9</th>
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<th>Worst imaginable</th>
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