

## Optimal Functional Scale

Please circle the number that best describes the level of difficulty/pain you have with each activity today. Not all of these activities may apply to you. You may mark those "NA." If you have no difficulty with an item, score it as 1. Feel free to add items in the blank spaces.

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Activities	Does not cause any pain or difficulty	Causes little pain or difficulty	Causes moderate pain or difficulty	Causes severe pain or difficulty	Unable to do	Does Not Apply
Lying flat	1	2	3	4	5	NA
Rolling over	1	2	3	4	5	NA
Moving- lying to sitting	1	2	3	4	5	NA
Sitting	1	2	3	4	5	NA
Squatting	1	2	3	4	5	NA
Bending/stooping	1	2	3	4	5	NA
Balancing	1	2	3	4	5	NA
Kneeling	1	2	3	4	5	NA
Standing	1	2	3	4	5	NA
Walking-short distance	1	2	3	4	5	NA
Walking-long distance	1	2	3	4	5	NA
Walking-outdoors	1	2	3	4	5	NA
Climbing stairs	1	2	3	4	5	NA
Hopping	1	2	3	4	5	NA
Jumping	1	2	3	4	5	NA
Running	1	2	3	4	5	NA
Pushing	1	2	3	4	5	NA
Pulling	1	2	3	4	5	NA
Reaching	1	2	3	4	5	NA
Grasping	1	2	3	4	5	NA
Lifting	1	2	3	4	5	NA
Carrying	1	2	3	4	5	NA
	1	2	3	4	5	NA
	1	2	3	4	5	NA

**Total Score:** \_\_\_\_\_

1. From this list, which three (3) activities you would most like to improve?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ Total Score: \_\_\_\_\_

2. From the 3 activities you just chose, which one activity is most important to you? This is your primary goal. \_\_\_\_\_ Total Score: \_\_\_\_\_

Office use only:  $\frac{\text{total score} - \text{number of items answered}}{(5 \times \text{number of items answered}) - \text{number of items answered}}$

X 100 = Percentage Limitation