FOTO Outcomes Measurement System
Optional Survey Descriptions
## TABLE OF CONTENTS
(click to advance to section)

*Functional Limitation G-Codes Included  
**Functional Limitation G-Codes and Severity Modifier Included

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
</table>
| (ABC Scale) Activity-Specific Balance Confidence Scale *               | ABC Scale *  
|                                                                       | Abbreviated ABC Scale *                                                    |
| ADL – Activities of Dailey Living **                                   | Demographic Questions                                                        |
|                                                                       | Depression Subscale                                                          |
|                                                                       | Dizziness Handicap Inventory*                                                 |
|                                                                       | Employment Module                                                            |
|                                                                       | Fear Avoidance                                                               |
|                                                                       | Functional Limitation G-Codes/Severity Modifiers – Using FOTO for Reporting  |
|                                                                       | Global Rating Scale                                                          |
|                                                                       | MFIS-21 – Modified Fatigue Impact Scale                                       |
|                                                                       | NDI – Neck Disability Index                                                   |
| NeuroQOL – Quality of Life in Neurological Disorders *                 | NeuroQOL - Ability to Part in SRA*                                           |
|                                                                       | NeuroQOL – Fatigue*                                                          |
|                                                                       | Incapacity Status Scale*                                                     |
|                                                                       | NeuroQOL - Lower Extremity*                                                  |
|                                                                       | NeuroQOL - Upper Extremity*                                                  |
|                                                                       | NeuroQOL – Communication*                                                    |
| Oswestry                                                               | Pain Catastrophizing Scale                                                   |
|                                                                       | Pain Disability Index **                                                     |
|                                                                       | Pain Module                                                                  |
|                                                                       | Patient History – Short Form                                                 |
|                                                                       | PFDI – 20 – Pelvic Floor Distress Inventory*                                  |
|                                                                       | PFIQ-7 – Pelvic Floor Impact Questionnaire*                                  |
|                                                                       | PISQ – 12 - Pelvic Floor Prolapse / Urinary Incontinence Sexual Function Questionnaire* |
|                                                                       | PSFS – Patient Specific Functional Scale                                     |
|                                                                       | PQRS – Physician Quality Reporting Measures                                  |
|                                                                       | PQRS Measure 131 – Pain assessment prior to initiation of patient treatment and follow up |
|                                                                       | PQRS Measure 154, Falls Risk Assessment                                      |
| Somatization Subscale                                                  | STaRT Back Screening Tool                                                   |
| Stroke IS Communication – Stroke Impact Scale*                         | Stroke IS – Communication*                                                  |
|                                                                       | Stroke IS – Memory*                                                          |
|                                                                       | Stroke IS – Mood / Emotions*                                                 |
|                                                                       | Stroke IS – Physical*                                                       |
|                                                                       |   Physical - Activities                                                      |
|                                                                       |   Physical - Hand Function                                                   |
|                                                                       |   Physical - Mobility                                                        |
|                                                                       |   Physical - Strength                                                        |

Prepared By FOTO, Inc
Updated 6/5
Two ABC scales are available as optional surveys – both validated tools: the full ABC scale (16 questions) and the abbreviated ABC scale (6 questions).

Note: the Abbreviated ABC scale is automatically included in electronic surveys when PQRS 154–Fall Risk Assessment is set as a default survey in your Administrative Set-up, eliminating the need to activate this optional survey for a Medicare patient if you are capturing Measure 154. The Abbreviated ABC questions will automatically be included if the patient responds “yes” to one fall with injury or 2 or more falls without injury during the last 12 months.

If you are not collecting PQRS Measure 154, you can opt to include either the Full ABC Scale or the Abbreviated ABC for use with your patients.

Full ABC Scale

Description: In this scale respondents are asked to rate their confidence that they will lose their balance or become unsteady in the course of daily activities. The daily activities are items such as "reaching at eye level," "reaching on tiptoes," "picking up slipper from floor," and "walking in crowded mall."

What is reported: The Activities-specific Balance Confidence (ABC) Scale is a 16-item scale in which each item is rated from 0% (no confidence) to 100% (complete confidence). A score of less than 50 indicates a low level of physical functioning. A score of 50 - 80 indicates a moderate level of physical functioning. A score of 80 or higher indicates a high level of physical functioning. CMS G Codes produced on patient specific reports.


Responses:
• 0-No Confidence
• 10
• 20
• 30
• 40
• 50-Somewhat Confident
• 60
• 70
• 80
• 90
• 100-Completely Confident

Questions:
• How confident are you that you will not lose your balance or become unsteady when you walk around the house?
• How confident are you that you will not lose you balance or become unsteady when you
• How confident are you that you will not lose your balance or become unsteady when you walk up or down stairs?
• How confident are you that you will not lose your balance or become unsteady when you bend over and pick up a slipper from the front of a closet floor?
• How confident are you that you will not lose your balance or become unsteady when you reach for a small can off a shelf at eye level?
• How confident are you that you will not lose your balance or become unsteady when you stand on tip toes and reach for something above your head?
• How confident are you that you will not lose your balance or become unsteady when you stand on a chair and reach for something above your head?
• How confident are you that you will not lose your balance or become unsteady when you sweep the floor?
• How confident are you that you will not lose your balance or become unsteady when you walk outside the house to a car parked in the driveway?
• How confident are you that you will not lose your balance or become unsteady when you get into or out of a car?
• How confident are you that you will not lose your balance or become unsteady when you walk across a parking lot to the mall?
• How confident are you that you will not lose your balance or become unsteady when you walk up or down a ramp?
• How confident are you that you will not lose your balance or become unsteady when you walk into a crowded mall where people rapidly walk past you?
• How confident are you that you will not lose your balance or become unsteady when you are bumped into by people as you walk through the mall?
• How confident are you that you will not lose your balance or become unsteady when you step onto or off an escalator while you are holding onto a railing?
• How confident are you that you will not lose your balance or become unsteady when you step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing?
• How confident are you that you will not lose your balance or become unsteady when you walk outside on icy sidewalks?

**Abbreviated ABC Scale**

**Description:** As with the Full ABC Scale, the Abbreviated ABC rates patient confidence that they will lose their balance or become unsteady in the course of daily activities. The Abbreviated ABC questions are reduced to the six items found to reflect the most frightening conditions to patients.

**What is reported:** The Activities-specific Balance Confidence (ABC) Scale is a 6-item scale in which each item is rated from 0% (no confidence) to 100% (complete confidence). A score of less than 50 indicates a low level of physical functioning. A score of 50 - 80 indicates a moderate level of physical functioning. A score of 80 or higher indicates a high level of physical functioning. CMS G Codes produced on patient specific reports.

Responses:
• 0-No Confidence
• 10
• 20
• 30
• 40
• 50-Somewhat Confident
• 60
• 70
• 80
• 90
• 100-Completely Confident

Questions:
• How confident are you that you will not lose your balance or become unsteady when you stand on tip toes and reach for something above your head?
• How confident are you that you will not lose your balance or become unsteady when you stand on a chair and reach for something above your head?
• How confident are you that you will not lose your balance or become unsteady when you are bumped into by people as you walk through the mall?
• How confident are you that you will not lose your balance or become unsteady when you step onto or off an escalator while you are holding onto a railing?
• How confident are you that you will not lose your balance or become unsteady when you step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing?
• How confident are you that you will not lose your balance or become unsteady when you walk outside on icy sidewalks?
Description: The Clinician selects functional items that they are working on with the patient and rates only those items at Intake and Discharge (at minimum). The ADL assessment is accessed on the patient episode details page.

Domains, Subdomains, and Functional Activities

Self Care Domain

• Eating and Drinking Sub-Domain
  o Drinking Thin liquids
  o Drinking Thick liquids
  o Eating Solid Foods
  o Using Drink Containers
  o Using Eating Utensils

• Personal Grooming Sub-Domain
  o Brushing Teeth
  o Combing / Brushing Hair

• Personal Hygiene Sub-Domain
  o Hand Washing
  o Bathing
  o Bladder Management
  o Bowel Management
  o Toileting Tasks

• Dressing Sub-Domain
  o Dressing Upper Body
  o Dressing Lower Body
  o Putting On / Taking Off Shoes and Socks
  o Fastening / Unfastening Fasteners

Motor Domain

• Mobility and Transfers Sub-Domain
  o Mobility in a Bed
  o Transfers to / from a Bed
  o Transfers to / from a Chair / Wheelchair
  o Transfers to / from a Toilet
  o Transfers to / from a Tub / Shower
  o Transfers to / from a Car
  o Raising from the Floor to Standing / Wheelchair

• Locomotion Sub-Domain
  o Wheelchair Mobility
  o Walking on Level Surfaces
  o Walking on Uneven Surfaces
  o Walking on Resistant Surfaces
  o Walking Up / Down Inclines
  o Walking Up Stairs
  o Walking Down Stairs
  o Walking with High Level Motor Function

• Arm and Hand Use Sub-Domain
Reaching and Grasping Objects
Lifting and Carrying Objects
Throwing and Catching a Ball
Drawing / Writing

• Critical Motor Function Sub-Domain
  - Exhibits Normal Breathing Function
  - Exhibits Normal Breathing Patterns
  - Exhibits Sufficient Breathing Capacity
  - Exhibits Normal Swallow Function
  - Exhibits Normal Swallow Capacity

Communication Domain
• Verbal Comprehension Sub-Domain
  - Recognizes Names / People
  - Identifies Objects
  - Follows 1 Part Commands
  - Follows 2 Part Commands
  - Follows 2 Part Sequenced Commands
  - Responds to Questions
  - Understands Familiar Topics
  - Understands Novel Topics

• Reading Comprehension Sub-Domain
  - Recognizes Written Names
  - Identifies Written Objects / Pictures
  - Follows 1 Part Written Commands
  - Follows 2 Part Written Commands
  - Follows 2 Part Written Sequenced Commands
  - Responds to Written Questions
  - Can Summarize Written Stories

• Verbal Expression Sub-Domain
  - Exhibits Audible Voice / Speech
  - Uses Intelligible Speech
  - Calls Others Using Voice / Gestures
  - Identifies Items with Words or Gestures
  - Provides Directions with Words or Gestures
  - Asks for Information
  - Describes an Object or Action
  - Demonstrates Functional Verbal Fluency
  - Pragmatic (Interactive) Communication

• Written Expression Sub-Domain
  - Writes legibly
  - Reproduces Written Words
  - Structures Written Thoughts / Ideas
  - Structures Functional Sentences

Cognition Domain
• Attention Sub-Domain
  - Responds to Tactile Stimulation
  - Responds to Visual Stimulation
  - Responds to Auditory Stimulation
  - Sustains Attention – Structured Situations
- Sustains Attention – Self Directed Situations
  - Completes an Assigned Activity

**Memory Sub-Domain**
- Indicates Own Name, Age, Address, Phone #
- Indicates Location, Reason
- Demonstrates Time, Schedule Concepts
- Recognizes Familiar People
- Recalls Past / Pre-morbid Events Accurately
- Demonstrates Immediate Memory Span
- Retrieves New Information After 10 Minute Delay
- Retrieves New Information with Structure
- Retrieves New Visual Information

**Executive Sub-Domain**
- Indicates Existence of Problems
- Follows Instructions to Problem Resolution
- Initiates Routine Activities
- Initiates New Activities
- Follows a Schedule
- Sets and Takes Steps to Reach Goals
- Modifies Behavior in Response to Environment
- Maintains Appropriate Temperament
- Maintains Appropriate Behavior
- Follows Environment Safety Guidelines
- Expresses Strategies for Self Protection / Safety
- Manages Medication

**Socialization Domain**

**Interaction Sub-Domain**
- Aware / Interested in Others
- Engages Others in Conversation
- Engages Others in Interactive Activities

**Telephone Skills Sub-Domain**
- Answers Phone
- Initiates Phone Call
- Uses Emergency Numbers
- Uses Telephone Book

**Money Management Sub-Domain**
- Identifies Names of Money
- Identifies Value of Money
- Understands Value of Money
- Provides Appropriate Amount of Change

**Household Management Sub-Domain**
- Performs House Keeping Functions
- Manages Laundry Activities
- Manages Meal Preparation
- Plans and Executes Shopping Activities

**Transportation Sub-Domain**
- Successfully Executes Public Transportation
- Safely Drives Auto with Assisting Devices
- Safely Drives without Assisting Devices
## For Self Care and Motor domains

<table>
<thead>
<tr>
<th>Score</th>
<th>Level</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Independence</td>
<td>Able to perform this activity safely, independently and in a timely manner without assistance or assistive devices</td>
</tr>
<tr>
<td>5</td>
<td>Modifications</td>
<td>Able to perform this activity independently, but there are concerns for safety or timeliness, or the patient uses assistive devices</td>
</tr>
<tr>
<td>4</td>
<td>Standby Assistance</td>
<td>Able to perform this activity without manual assistance, but requires caregiver assistance with assistive devices, supervision, or verbal assistance</td>
</tr>
<tr>
<td>3</td>
<td>Minimum Assistance</td>
<td>Able to perform this activity with caregiver providing some manual assistance with or without assistive devices.</td>
</tr>
<tr>
<td>2</td>
<td>Maximum Assistance</td>
<td>Able to perform this activity with caregiver providing maximum manual assistance with or without assistive devices.</td>
</tr>
<tr>
<td>1</td>
<td>Total Dependence</td>
<td>Unable to perform this activity even with caregiver providing all or most of the effort required with or without assistive devices.</td>
</tr>
</tbody>
</table>

## For Communication, Cognition and Socialization Domains

<table>
<thead>
<tr>
<th>Score</th>
<th>Level</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Independence</td>
<td>Able to perform this activity in a timely manner without assistance or cueing.</td>
</tr>
<tr>
<td>3</td>
<td>Modified</td>
<td>Able to perform this activity with difficulty but without assistance or cueing.</td>
</tr>
<tr>
<td>2</td>
<td>Assistance</td>
<td>Able to perform this activity with assistance or cueing.</td>
</tr>
<tr>
<td>1</td>
<td>Dependent</td>
<td>Unable to perform this activity with assistance or cueing.</td>
</tr>
</tbody>
</table>
DEMOGRAPHIC QUESTIONS

Description: Additional questions can be asked of the patient to track patient demographics. To change the default to add these questions log in as administrator, patient survey and select ask optional demographic questions.

What will be reported: The responses to the demographic questions are not reported on the Patient Specific Reports to protect patient privacy.

Questions:

• Are you a veteran
  o Yes
  o No

  • If yes: When did you serve?
    o Vietnam Era (8/64 – 4/75)
    o Korean War (6/50 – 1/55)
    o World War II (9/40 – 7/47)
    o Other Service (All Other Periods)
    o Nonveteran

• Are you now in the armed forces?
  o Yes
  o No

• What is your race?
  o White
  o Black / African American
  o Asian or Pacific Islander
  o Other

• Do you consider yourself Hispanic or Latino?
  o Yes
  o No

• What is the highest level of school that you have completed or the highest degree that you have received?
  o Less than 1st grade
  o 1st, 2nd, 3rd, or 4th grade
  o 5th or 6th grade
  o 7th or 8th grade
  o 9th grade
  o 10th grade
  o 11th grade
  o 12th grade, no diploma
  o High School Graduate – Diploma or equivalent (GED)
  o Some college, but no degree
  o Associate Degree – Occupational / Vocational
  o Bachelor’s Degree (example BA, AB, BS)
  o Master’s Degree (example MA, MS, MEng, MSW)
  o Professional School Degree (example MD, DDS, DVM)
  o Doctorate Degree (example PhD, EdD)
DEPRESSION SUBSCALE

**Description:** Depression Subscale of the Symptom Checklist Back Pain Predictive Model (SCL BPPM). This module assesses your patient’s symptoms of depression. This scale can be used to track the effect of depression on outcomes.

**What will be reported:** The subscale relating to depression will be reported. The depression scale ranges between 0 (low depression) and 4 (high depression).

Direction de santé publique, Agence de la santé et des services sociaux de Montréal.

**Responses for all questions:**
- Extremely
- Quite a bit
- Moderately
- A little bit
- Not at all
- Don’t know

**Questions:**
- In the last day, how much were you distressed by: worrying too much about things
- In the last day, how much were you distressed by: feeling no interest in things
- In the last day, how much were you distressed by: feelings of worthlessness
- In the last day, how much were you distressed by: feelings of guilt
- In the last day, how much were you distressed by: feeling lonely or blue
- In the last day, how much were you distressed by: feeling low in energy or slowed down
- In the last day, how much were you distressed by: sleep that is restless or disturbed
- In the last day, how much were you distressed by: feeling everything is an effort
- In the last day, how much were you distressed by: blaming yourself for things
- In the last day, how much were you distressed by: feeling hopeless about the future
**DIZZINESS HANDICAP INVENTORY**

**Description:** This module assesses patient self-report of functional abilities related to dizziness in four dimensions – functional, physical, emotional, and total.

**What will be reported:** Four scores associated with dizziness. Scores range from 0 (low functioning) to 100 (high functioning). Scores have been modified from the original instrument to make consistent with all other scores: higher scores represent higher or more normal functioning.


**Responses for all questions:**
- Yes
- No
- Sometimes

**Questions:**
- Because of your problem, do you have difficulty getting in or out of bed?
- Does your problem restrict your participation in social activities such as going out to dinner, movies, dancing, or parties?
- Because of your problem, do you have difficulty reading?
- Because of your problem, do you avoid heights?
- Because of your problem, is it difficult for you to do strenuous housework or yard work?
- Because of your problem, is it difficult to walk around your house in the dark?
- Does your problem interfere with your job or household responsibilities?
- Because of your problem, do you restrict your travel or recreation?
- Does looking up increase your problem?
- Do quick movements of your head increase your problem?
- Does turning over in bed increase your problem?
- Does walking down a sidewalk increase your problem?
- Does bending over increase your problem?
- Does performing more ambitious activities such as sports, dancing, or household chores (sweeping or putting away dishes) increase your problem?
- Because of your problem, do you feel frustrated?
- Because of your problem, are you afraid to leave your home without having someone accompany you?
- Because of your problem, have you been embarrassed in front of others?
- Because of your problem, are you afraid that people may think you are intoxicated?
- Because of your problem, is it difficult for you to concentrate?
- Because of your problem, are you afraid to stay home alone?
- Because of your problem, do you feel handicapped?
- Has your problem placed stress on your relationship with members of your family or friends?
- Because of your problem, are you depressed?
- Because of your problem, is it difficult for you to go for a walk by yourself?
- Does walking down an aisle in a supermarket increase your problem?
The Employment Module is an informational survey only – does not produce a score, which provides more detailed information on work history status.

Are you presently employed?
  - Yes
  - No

If you are not employed, is it because you:
  - Were previously employed and are receiving disability benefits for your condition?
  - Are unemployed
  - Are retired
  - Are a student
  - Other

Are you employed by the same employer as you were when you acquired the impairment for which you are being treated?
  - Yes
  - No

Are you working?
  - Yes
  - No

Are you not working due to your condition?
  - Yes
  - No

Are you performing the same job?
  - Yes
  - No

How many days have you lost from work?
Number pad

Do you have pain at work?
  - Yes
  - No

At work, are you working
  - Full-time
  - Part-time

At work, are you working
  - Full Duty
  - Restricted Duty

Have you been off work and required treatment for the same problem in the last 6 months?
  - Yes
  - No

Have you previously received workers’ compensation benefits?
  - Yes
  - No
FEAR AVOIDANCE BEHAVIOR QUESTIONNAIRE (FABQ) - WORK

Description: This module assesses fear-avoidance beliefs in respect to performing physical activities and work-related activities. Use to generate measures of the impact of fear-avoidance that may affect the outcomes for your patient. Originally, the fear-avoidance beliefs questionnaire (FABQ) was designed to assess fear-avoidance for patients with lumbar syndromes, but we have modified the questionnaire to be generic, i.e., no reference to the back or any other body part. This module can be used for any patient who has fear of activities or work. The FABQ-Work is also now being administered with Computer Adaptive Testing, so that all patients do not have to answer all questions.

What will be reported: FOTO reports the Work Fear-Avoidance Behavior Questionnaire subscale both on an adjusted 100 point scale (first score) and on the standard scoring. The has a score range from 0 (low fear) to 42 (high fear). High scores represent high fear. Low scores represent low levels of fear-avoidance, which is good. A useful cut point for clinical management is 35 or more for Work. When a patient has high (i.e. >35 Work FABQ), adjust treatment to manage the patient's fears of work activities to increase the probability of good functional status outcomes.


Responses for all questions:
- Completely disagree
- Somewhat disagree
- Unsure
- Somewhat agree
- Completely disagree

Questions (possible – not all questions will be asked of all patients):
This is a statement other patients have made. Please rate your level of agreement.
- I cannot do my normal work with my present pain.
- I should not do my work with my present pain.
- I cannot do my normal work until my pain is treated.
- My work is too heavy for me.
- I do not think I will be back to my normal work within 3 months.
- I have a claim for compensation for my pain.
- My work might harm me.
- My work aggravated my pain.
FOTO is a very efficient tool to utilize in complying with Medicare Functional Limitation Reporting (FLR) G-Codes/Severity Modifiers. It is based on patient report to establish the perceived functional status and limitation of the patient and has been validated by refereed research. Additionally, FOTO completes the scoring for the clinician as well provides all the applicable G-codes that are pertinent to the functional limitation presented by the patient. This data is already risk-adjusted based on a database of over 5 million patient episodes nationally, which allows an accurate prediction of the Goal and DC Status Functional Score for the clinician to consider.

FOTO is one of the recommended approved tools to capture FLR data *(Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 220.C3)*

**Capturing the FLR G-Codes/Modifiers with FOTO**

- Select Medicare B as the ‘paysource’ when setting up a new patient in FOTO. FOTO’s FS Measures will do the rest and will automatically produce the codes/modifiers for you.
- If collecting your data through electronic assessments, you have a wide variety of Optional Surveys that will also produce G-Code sets that will add an additional level of accuracy to your code selection, including the ADL module, NeuroQOL surveys, ABC Scale, to name a few. A list of the surveys in the FOTO program that will generate G-Codes and Severity modifiers can be found in the appendix of this resource document.

**Selecting the G-Code at Intake**

**MEDICARE PARAMETERS:**

**Only one functional limitation can be reported at a time**

Consequently, the clinician must select the G-code set for the functional limitation that:

- Is most clinically relevant to a successful outcome for the beneficiary;
- Will yield the quickest and/or greatest functional progress; or
- Is the greatest priority for the beneficiary (patient).

In all cases, this primary functional limitation should reflect the predominant limitation that the furnished therapy services are intended to address.

The “Other PT/OT” functional G-code set is reported when one of the primary four PT/OT categorical code sets does not describe the patient’s functional limitation, as follows:

- Patient’s functional limitation is not defined by one of the four categories for PT/OT;
- Patient whose therapy services are not intended to treat a specific functional limitation (ie: lymphedema, wound care); or
- The clinician will focus treatment on multiple areas of functional limitation and does not clearly represent a focus on a specific category code during the episode of care.

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1 *Exception to the ruling regarding only one G-Code Set:* If a patient is being treated 1) for the same body part by multiple disciplines (PT/OT/SP) or 2) a PT/OT/SP are treating the patient at one time but different body parts/different disciplines and an evaluation for each discipline is submitted, each discipline can report the focus of their treatment utilizing separate G-Codes/Severity modifiers.
FOTO SELECTION:

The FOTO Patient Specific Intake and Status Reports will surface the information needed for selection of G-Code sets and Severity Modifiers:

For Example: At Intake, the FOTO Intake Report Surfaces the following Information: (Sample is a Hip Patient)

<table>
<thead>
<tr>
<th>Activity (Question)</th>
<th>Amount of Limitation (Response) at Intake</th>
<th>Functional Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting up or down 10 stairs (about 1 flight of stairs)?</td>
<td>Extreme difficulty or unable to perform</td>
<td>Mobility - G9978</td>
</tr>
<tr>
<td>Walking between rooms?</td>
<td>Quite a bit of difficulty</td>
<td>Mobility - G9978</td>
</tr>
<tr>
<td>Putting on or taking off socks?</td>
<td>Quite a bit of difficulty</td>
<td>Self Care - G9979</td>
</tr>
<tr>
<td>Getting into or out of the bathtub?</td>
<td>Quite a bit of difficulty</td>
<td>Changing &amp; Maintaining Body Position - G9983</td>
</tr>
<tr>
<td>Performing light activities around your home?</td>
<td>Moderate difficulty</td>
<td>Other PT/OT Primary - G9990</td>
</tr>
<tr>
<td>Getting in or out of a car?</td>
<td>Moderate difficulty</td>
<td>Changing &amp; Maintaining Body Position - G9981</td>
</tr>
</tbody>
</table>

As a reference, FOTO crosswalks the motion required to complete the functional body-part specific questions asked of the patient with the ICF to establish the applicable G-Code sets that are appropriate for the episode.

FOTO then surfaces all applicable G-Code sets appropriate for the body-part specific episode for clinician selection based on the focus of treatment, providing the corresponding Current Status & Goal Status G-Codes.

Note: The # of questions relating to each G-Code set does not imply the focus of treatment. This is only surfaced as a reference. The G-Code determination is meant to be clinically driven.

The clinician makes the decision what G-Code set to report based on the focus of treatment following the previously outlined selection parameters.

Determining the Appropriate Severity Modifier: PATIENT SPECIFIC INTAKE REPORT

MEDICARE PARAMETERS:

Medicare Guidelines outline the severity modifier reflects the patient’s percentage of functional impairment as determined by the clinician furnishing the therapy services for each functional status: Current, goal, or Discharge. In selecting the Severity modifier, the clinician:

- Uses the severity modifier that reflects the score from a functional assessment tool or other performance measurement instrument, as appropriate. (Note: FOTO’s FS measures may be used to assist in establishing the Severity and Goal for any of the movement G-Codes (8978 Mobility, 8981 Changing Position, 8984 Carry & Moving), the self-care G-Codes (8987) or the other G-Code (8990).
- Uses his/her clinical judgment to combine the results of multiple measurement tools used during the evaluative process to determine a functional limitation percentage.
- Uses his/her clinical judgment in the assignment of the appropriate modifier.
- Uses the CH modifier to reflect a zero percent impairment when the therapy services being furnished are not intended to treat (or address) a functional limitation (clinician has selected the Other PT/OT G-Code set).

Further consideration should be given when establishing the Severity Modifier to other considerations including comorbidities, age, cognition, prognosis, acuity, etc.

Focus On Therapeutic Outcomes, Inc.
FOTO SELECTION:

FOTO reports provide you with an objective score of the impairment severity which is risk-adjusted by multi-dimensional risk-adjustment factors specific to the individual patient.

The Severity Modifiers are provided on the Intake for:

- Intake Current Status,
- Predicted Goal Status

The Current Status modifier is calculated based on the patient’s intake functional status score at the time of the evaluation based on their responses to the body-part specific questions. Our sample patient’s Intake Functional Status (FS) score was a 31 (on a 0-100 scale) which represents 31% function. The inverse of this is a 69% functional limitation which falls into the CL modifier.

The Goal Status modifier is based on the risk-adjusted predictions. In our sample it is expected the patient will achieve 17 points of functional improvement during the episode of care, so the predicted function (FS Score) of the patient would be 48% in this sample (31 at intake + 17 points of change = 48), which represents a 52% functional limitation which falls into the CK modifier.

The clinician makes the decision to 1) utilize the modifiers established by the FOTO risk-adjusted scores /or/ 2) establishes other modifiers using his/her clinical judgment. If the clinician opts to establish a different Goal Status modifier, then additional documentation will be needed to outline how this was determined.

Note: The FOTO Severity Modifier does not reset during the course of an episode of care. If the clinician determines that the goal of care (G-Code set) for a single body part impairment will change during the episode, selecting the Other OT/PT G-Code set at intake is recommended.

Reporting the Intake G-Code Set/Severity Modifier:

At the time of the evaluation the claim must include the selected G-Code Set and the corresponding modifiers. For example, with our sample patient, the clinician makes a decision based on the patient’s responses to the body-part specific questions and the clinical evaluation, that the focus on treatment will be on Mobility, the Mobility Current Status Code G8978 will be reported with Current Status Modifier CL as well as the Mobility Goal Status Code of G8979 with the Goal Status Modifier CK.
The Exception to this is a patient who attends for a one time only visit. In these cases, you will report the Current Status G-Code+modifier, the Goal Status code+modifier AND the DC Status code+modifier.

**Reporting the Appropriate Severity Modifier: PATIENT SPECIFIC STATUS REPORT**

Status information must be reported on claims at a minimum of every 10th visit and on the patient’s last date of service /and/ at any time that a re-evaluation is submitted on Medicare claims. This is a minimum requirement. If you capture a Status from your patient on the 6th visit, the next Status will be required by the 16th visit, etc. A final Status should be obtained on the patient’s last date of service as well.

The FOTO Status Report that generates following completion of the Status Assessment will, again, automatically calculate the Current Status and the DC Status G-Codes for all of the applicable code sets for the episode. The same G-Code set must be reported at the time of the Status as selected as focus of treatment at Intake.

**If the Status is NOT the patient’s last date of service, the G-Code set for Current Status + the Current Status modifier and the Goal Status +the Goal Status modifier will be reported on the claim.**

**If the Status is captured on the patient’s last date of service, the G-Code set selected for the episode will be reported using the DC Status code+modifier and the Goal Status code+modifier.**

**Sample of how the codes will surface on a Status Report.**

<table>
<thead>
<tr>
<th>Functional Limitations Assessed in FOTO Hip Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Status</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>G8978</td>
</tr>
<tr>
<td>G8981</td>
</tr>
<tr>
<td>G8984</td>
</tr>
<tr>
<td>G8987</td>
</tr>
<tr>
<td>G8990</td>
</tr>
</tbody>
</table>

**CMS Impairment/Limitation/Restriction for FOTO Hip Survey**

<table>
<thead>
<tr>
<th>Status Limitation</th>
<th>G-Code</th>
<th>CMS Severity Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake 31%</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Predicted 48%</td>
<td>52%</td>
<td>Goal Status CK</td>
</tr>
<tr>
<td>5/31/2013 49%</td>
<td>51%</td>
<td>Current Status CK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DC Status CK</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>only report if this is discharge survey</strong></td>
</tr>
</tbody>
</table>

*Based on FOTO SDM predicted change score*

**When & How to report a change in G-Code FLR**

In situations where treatment continues after the treatment goal is achieved for the primary functional limitation or progress towards the goal is maximized, reporting should close the primary functional limitation as follows.

Utilizing FOTO, if treatment for a patient will be addressing functional limitations for more than one body part impairment by a single discipline provider,

- The clinician selects a primary functional limitation for one body part initially and follows this through until the patient has met the goal.
- The clinician will then report on the claim for the date of service when treatment is finished, the Goal Status Code+modifier and the DC Status Code+modifier for the goal set selected as the focus of treatment for the initial problem.
- On the next visit, the clinician may report a new focus of treatment by reporting a new G-Code set Current Status code+modifier and new Goal Status+modifier for the second body part now being the focus of treatment.
- Two FOTO intakes will be on file for the patient’s episode – one for each body part (as well as separate Status Reports to report progression).
If the Other PT/OT code set was used for the initial focus of treatment, the “Other PT/OT Subsequent Functional Limitation” code set will be utilized.

**How to manage G-code Reporting if the patient does not return (self-discharges)**

DC Status reporting is required except in cases where therapy services are discontinued by the patient prior to the planned discharge visit.

**Documentation Requirements**

**Medicare Requirements:**

- The clinician who furnishes the services must not only report the functional information on the therapy claim, but, must also track and document the G-codes and severity modifiers used for this reporting in the beneficiary’s medical record of therapy services.
- Therapists will need to document in the medical record how they made the modifier selection so that the same process can be followed at succeeding assessment intervals. Additionally, therapists must report the G-code and modifiers for the current status, projected goal, and discharge status on the date of service that they are reported with the severity determination documentation.
- The G-code descriptor and related modifier is required to be documented in the medical record. In cases where the therapist uses other information in addition to certain measurement tools in order to assess functional impairment, documentation of the relevant information used to determine the overall percentage of functional limitation to select the severity modifier should also be included in the record.
- The functional impairments identified and expressed in the long term treatment goals must be consistent with those used in the claims-based functional reporting.

**Using FOTO streamlines your documentation.** If FOTO is selected to report FLR, the clinician simply checkmarks / highlights the G-Code selected on the Patient Specific Intake Report to document the focus of treatment. The Intake Report becomes a part of the Medical Record. This documents the focus of treatment, the risk-adjustments, and the modifier calculation rationale.

Additionally, the patient responses to the body-part specific questions can be easily incorporated into the long-term goals as the functional component to the clinical goals (objective/measureable/tied to function).

The FOTO Patient Specific Status Reports documents the Current Status G-Code/Modifier as well as the Goal Status Codes/Modifiers and the DC Status Code/Modifier. This also becomes a part of the Medical Record.

**Documentation References**

For additional details please see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 220.3, subsection F - MCTRJCA-required Functional Reporting. For coverage rules related to MCTRJCA and therapy goals, refer to Pub. 100-02: a) for outpatient therapy services, see chapter 15, section 220.1.2 B and b) for instructions specific to PT, OT, and SLP services in the CORF, see chapter 12, section 10.
<table>
<thead>
<tr>
<th>Discipline</th>
<th>Collection Mechanism</th>
<th>FLR Codes Included</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinician Report</td>
<td>Patient Report</td>
</tr>
<tr>
<td>FOTO Orthopedic FS Assessments</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>FOTO Neuro FS Assessments</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>FOTO General FS Assessments</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>FOTO Pelvic Floor FS Assessment</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>Optional Surveys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADL Module (Domains/SubDomains*)</td>
<td>PT / OT / SP</td>
<td>✓</td>
</tr>
<tr>
<td>ABC Scale</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>Dizziness Handicap Inventory</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>NeuroQOL-UE</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>NeuroQOL-LE</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>NeuroQOL-Auto Ability to Participate in Social Role &amp; Activities</td>
<td>PT / OT / SP</td>
<td>✓</td>
</tr>
<tr>
<td>NeuroQOL-Communication</td>
<td>SP</td>
<td>✓</td>
</tr>
<tr>
<td>NeuroQOL-Fatigue</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>Incapacity Scale</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke Impact Scale: Communication</td>
<td>SP</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke Impact Scale: Memory</td>
<td>SP</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke Impact Scale: Mood/Emotions</td>
<td>PT / OT / SP</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke Impact Scale: Hand Function</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke Impact Scale: Mobility</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke Impact Scale: Strength</td>
<td>PT / OT</td>
<td>✓</td>
</tr>
<tr>
<td>Stroke Impact Scale: Participation</td>
<td>PT / OT / SP</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Dizziness Handicap Inventory (DHI) is not yet completed for G-Codes but will be in the very near future.*

Please refer to the Optional Survey Reference Document from the Resource Link in the Web Navigation Bar for detailed information on the questions included in the optional surveys and the scoring information.

*For surveys that currently do not generate a Goal severity modifier - the clinician will need to assign a Severity Modifier based on the information returned by the survey + clinical judgment at this time. As soon as sufficient data is collected in the FOTO database for these surveys, severity modifiers can be produced.*

---

ADL Module Includes the following:

**Self-Care Domain:**
- Eating and drinking
- Personal Grooming
- Personal Hygiene
- Dressing

**Motor Domain:**
- Mobility and Transfers
- Locomotion
- Arm/Hand Use
- Critical Motor Function

**Communication Domain:**
- Verbal Comprehension

**Reading Comprehension**
- Verbal Expression
- Written Expression

**Cognition Domain:**
- Memory
- Executive

**Attention**

**Socialization Domain:**
- Telephone Skills
- Money Management
- Household Management
- Transportation

Focus On Therapeutic Outcomes, Inc.
GLOBAL RATING SCALE

**Description:** This scale asks the patient one question to rate overall change for episode on a scale from -7 to +7 with 0 being status at the beginning of the episode. The therapist has the opportunity to complete the same rating on the Staff Discharge Survey if the survey is set as a default in the Administrative Screens for the Patient Survey and the Staff Discharge.

**What will be reported:** A perception of improvement score from the patient and therapist from -7 to +7 is reported with 0 representing the patient’s functional level at intake. Higher scores indicate greater increase in function. Score will post on patient discharge summary and be listed as Perception of Improvement.

Please rate the overall condition of your injured body part or region *FROM THE TIME THAT YOU BEGAN TREATMENT UNTIL NOW* (Check only one):

<table>
<thead>
<tr>
<th>-7</th>
<th>-6</th>
<th>-5</th>
<th>-4</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worse</td>
<td>No Change</td>
<td>Better</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-7: A very great deal worse
-6: A great deal worse
-5: Quite a bit worse
-4: Moderately worse
-3: Somewhat worse
-2: A little bit worse
-1: A tiny bit worse
0: About the same
1: A little bit better
2: A tiny bit better
3: Somewhat better
4: Moderately better
5: Quite a bit better
6: A great deal better
7: A very great deal better

**MFIS - MODIFIED FATIGUE IMPACT SCALE**

**Description:** This scale is a modified form of the Fatigue Impact Scale (Fisk et al, 1994b) based on items derived from interviews with MS patients concerning how fatigue impacts their lives. This instrument provides an assessment of the effects of fatigue in terms of physical, cognitive, and psychosocial functioning.

**What will be reported:** The items of the MFIS can be aggregated into three subscales (Physical, Cognitive, and Psychosocial) as well as into a total MFIS score. All items are scaled so that higher scores indicate a greater impact of fatigue on a patient’s activities.

- Physical Subscale: 0-36
- Cognitive Subscale: 0-40
- Psychosocial Subscale: 0-8
- Total MFIS Score: 0-84

**Research Reference:** FIS; Fisk, Ritvo, Ross, Haase, Murray, & Schlech, 1994.

**Responses:**
- Almost Never
- Rarely
- Sometimes
- Often
- Always

**Questions:**
- Because of my fatigue during the past 4 weeks:
  - I have been less alert.
  - I have had difficulty paying attention for long periods of time.
  - I have been unable to think clearly.
  - I have been clumsy and uncoordinated.
  - I have been forgetful.
  - I have had to pace myself in my physical activities.
  - I have been less motivated to do anything that requires physical effort.
  - I have been less motivated to participate in social activities.
  - I have been limited in my ability to do things away from home.
  - I have had trouble maintaining physical effort for long periods.
  - I have had difficulty making decisions.
  - I have been less motivated to do anything that requires thinking.
  - my muscles have felt weak.
  - I have been physically uncomfortable.
  - I have had trouble finishing tasks that require thinking.
  - I have had difficulty organizing my thoughts when doing things at home or at work.
  - I have been less able to complete tasks that require physical effort.
  - my thinking has been slowed down.
  - I have had trouble concentrating.
  - I have limited my physical activities.
  - I have needed to rest more often or for longer periods.
Description: This module assesses patient self-report of pain and functional impact of neck disability.

What will be reported: Scores range from 0% (no impairment) to 100% (high impairment)

Questions

• Pain Intensity
  • I have no pain at the moment.
  • The pain is very mild at the moment.
  • The pain is moderate at the moment.
  • The pain is fairly severe at the moment.
  • The pain is very severe at the moment.
  • The pain is the worst imaginable at the moment.

• Personal Care (Washing, Dressing, etc)
  • I can look after myself normally without causing extra pain.
  • I can look after myself normally, but it causes extra pain.
  • It is painful to look after myself, and I am slow and careful.
  • I need some help, but manage most of my personal care.
  • I need help every day in most aspects of self-care.
  • I do not get dressed, I wash with difficulty and stay in bed.

• Lifting
  • I can lift heavy weights without extra pain.
  • I can lift weights, but it gives extra pain.
  • Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
  • Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
  • I can lift very light weights.
  • I cannot lift or carry anything at all.

• Reading
  • I can read as much as I want to with no pain in my neck.
  • I can read as much as I want to with slight pain in my neck.
  • I can read as much as I want with moderate pain in my neck.
  • I can’t read as much as I want because of moderate pain in my neck.
  • I can hardly read at all because of severe pain in my neck.
  • I cannot read at all.

• Headaches
  • I have no headaches at all.
  • I have slight headaches which come infrequently.
  • I have moderate headaches which come infrequently.
  • I have moderate headaches which come frequently.
  • I have severe headaches which come frequently.
  • I have headaches almost all the time.
• Concentration
  • I can concentrate fully when I want to with no difficulty.
  • I can concentrate fully when I want to with slight difficulty.
  • I have a fair degree of difficulty in concentrating when I want to.
  • I have a lot of difficulty in concentrating when I want to.
  • I have a great deal of difficulty in concentrating when I want to.
  • I cannot concentrate at all.

• Work
  • I can do as much work as I want to.
  • I can only do my usual work, but no more.
  • I can do most of my usual work, but no more.
  • I cannot do my usual work.
  • I can hardly do any work at all.
  • I can’t do any work at all.

• Driving
  • I can drive my car without any neck pain.
  • I can drive my car as long as I want with slight pain in my neck.
  • I can drive my car as long as I want with moderate pain in my neck.
  • I can’t drive my car as long as I want because of moderate pain in my neck.
  • I can hardly drive at all because of severe pain in my neck.

• Sleeping
  • I have no trouble sleeping.
  • My sleep is slightly disturbed (less than 1 hr sleepless).
  • My sleep is mildly disturbed (1 – 2 hrs sleepless).
  • My sleep is moderately disturbed (2 – 3 hrs. sleepless).
  • My sleep is greatly disturbed (3 – 5 hrs sleepless)
  • My sleep is completely disturbed (5 – 7 hrs sleepless).

• Recreation
  • I am able to engage in all my recreation activities with no neck pain at all
  • I am able to engage in all my recreation activities with some pain in my neck
  • I am able to engage in most, but not all of my usual recreation activities because of the pain in my neck.
  • I am able to engage in a few of my usual recreation activities because of pain in my neck.
  • I can hardly do any recreation activities because of pain in my neck.
  • I can’t do any recreation activities at all.
**NEUROQOL -- QUALITY OF LIFE IN NEUROLOGICAL DISORDERS**

**Description:** NeuroQOL is a set of self-report measures that assesses the health-related quality of life (HRQOL) of adults and children with neurological disorders. NeuroQOL is comprised of item banks and scales that evaluate symptoms, concerns, and issues that are relevant across disorders—along with measures that assess areas most relevant for specific patient populations.

**What will be reported:** Scores reported for Domains Fatigue, Ability to Part in SRA, Incapacity Status Scale, Positive Affect and Well-Being, Upper Extremity, Lower Extremity and Communication. The range of scores varies depending on what domains and subdomains were rated. Scores are calculated by subtracting the lowest possible raw score from the raw score, dividing that by the possible raw score range, and multiplying that by 100. CMS G Codes produced on patient specific reports.

**Research Reference:** Visit http://www.neuroqol.org/Publications/Pages/default.aspx

**NeuroQOL—Fatigue**

**Responses for all questions:**
- Never
- Rarely
- Sometimes
- Often
- Always

**Questions (possible – not all questions will be asked of all patients):**
This is a statement other patients have made. Please rate your level of agreement. In the past 7 days...

- I felt exhausted
- I felt that I had no energy
- I felt fatigued
- I was too tired to do my household chores
- I was too tired to leave the house
- I was frustrated by being too tired to do the things I wanted to do
- I felt tired
- I had to limit my social activity because I was tired
- I needed help doing my usual activities because of my fatigue
- I needed to sleep during the day
- I had trouble starting things because I was too tired
- I had trouble finishing things because I was too tired
- I was too tired to take a short walk
- I was too tired to eat
- I was so tired that I needed to rest during the day
- I felt weak all over
- I needed help doing my usual activities because of weakness
I had to limit my social activity because I was physically weak
I had to force myself to get up and do things because I was physically too weak

**NeuroQOL – Ability to Part in SRA Responses**

_for all questions:_

- Never
- Rarely
- Sometimes
- Often
- Always

**Questions (possible – not all questions will be asked of all patients):**
This is a statement other patients have made. Please rate your level of agreement.

_In the past 7 days..._

- I can keep up with my family responsibilities
- I am able to do all of my regular family activities
- I am able to socialize with my friends
- I am able to do all of my regular activities with friends
- I can keep up with my social commitments
- I am able to participate in leisure activities
- I am able to perform my daily routines
- I can keep up with my work responsibilities (include work at home)
- I have trouble meeting the needs of my family
- I have to limit my regular family activities
- I am able to do all of the family activities that people expect me to do
- I am able to do all of the family activities that I want to do
- I am able to maintain my friendships as much as I would like
- I can do everything for my friends that I want to do
- I am able to do all of the activities with friends that people expect me to do
- I feel limited in my ability to visit friends
- I am able to do all of the activities with friends that I want to do
- I feel limited in the amount of time I have to visit friends
- I have to limit the things I do for fun at home (like reading, listening to music, etc.)
- I am able to do all of my regular leisure activities
- I have to limit my hobbies or leisure activities
- I am able to do my hobbies or leisure activities
- I am able to do all of the community activities that I want to do
- I am able to do all of the leisure activities that people expect me to do
- I have to do my hobbies or leisure activities for shorter periods of time than usual for me
- I have to limit social activities outside my home
- I have trouble keeping in touch with others
- I can do all the leisure activities that I want to do
- I am able to do all of the community activities that people expect me to do
- I am able to go out for entertainment as much as I want
• I have to limit the things I do for fun outside my home
• I am doing fewer social activities with groups of people than usual for me
• I am able to run errands without difficulty
• I am able to do all of my usual work (include work at home)
• I am accomplishing as much as usual at work for me (include work at home)
• My ability to do my work is as good as it can be (include work at home)
• I can do everything for work that I want to do (include work at home)
• I have trouble doing my regular chores or tasks
• I am able to do all of the work that people expect me to do (include work at home)
• I am limited in doing my work (include work at home)
• I have to do my work for shorter periods of time than usual for me (include work at home)
• I am able to do all of my usual work
• I am limited in doing my work
• I am able to do all of the work that people expect me to do
• I have to do my work for shorter periods of time than usual for me

NeuroQOL – Positive Affect and Well---Being

Responses for all questions:
• Never
• Rarely
• Sometimes
• Often
• Always

Questions (possible – not all questions will be asked of all patients):
This is a statement other patients have made. Please rate your level of agreement.
Lately…
• I had a sense of well---being
• I felt hopeful
• My life was satisfying
• My life had meaning
• I felt cheerful
• My life was worth living
• I had a sense of balance in my life
• Many areas of my life were interesting to me
• I was able to enjoy life
• I felt a sense of purpose in my life
• I could laugh and see the humor in situations
• I was able to be at ease and feel relaxed
• I looked forward with enjoyment to upcoming events
• I felt emotionally stable
• I felt lovable
• I felt confident
• I had a good life
• My life was peaceful
• I was living life to the fullest
• In most ways my life was close to my ideal
• I had good control of my thoughts
• Even when things were going badly, I still had hope

NeuroQOL – Upper Extremity

Responses for all questions:
• Without any difficulty
• With a little difficulty
• With some difficulty
• With much difficulty
• Unable to do

Questions (possible – not all questions will be asked of all patients):
This is a statement other patients have made. Please rate your level of agreement.
• Are you able to turn a key in a lock?
• Are you able to brush your teeth?
• Are you able to make a phone call using a touch-tone key pad?
• Are you able to pick up coins from a tabletop?
• Are you able to write with a pen or pencil?
• Are you able to open and close a zipper?
• Are you able to wash and dry your body?
• Are you able to shampoo your hair?
• using a spoon to eat a meal?
• putting on a pullover shirt?
• taking off a pullover shirt?
• removing wrappings from small objects?
• opening medications or vitamin containers (e.g., childproof containers, small bottles)?
• Are you able to open previously opened jars?
• Are you able to hold a plate full of food?
• Are you able to pull on trousers?
• Are you able to button your shirt?
• Are you able to trim your fingernails?
• Are you able to cut your toenails?
• Are you able to bend down and pick up clothing from the floor?

Neuro QOL – Lower Extremity

Responses for all questions:
• Without any difficulty
• With a little difficulty
• With some difficulty
• With much difficulty
Unable to do

**Questions (possible – not all questions will be asked of all patients):**

This is a statement other patients have made. Please rate your level of agreement.

- Are you able to get on and off the toilet?
- Are you able to step up and down curbs?
- Are you able to get in and out of a car?
- Are you able to get out of bed into a chair?
- Are you able to push open a heavy door?
- Are you able to run errands and shop?
- Are you able to get up off the floor from lying on your back without help?
- Are you able to go for a walk of at least 15 minutes?
- Standing up from an armless straight chair (e.g., dining room chair)?
- Sitting down on and standing up from a chair with arms?
- Moving from sitting at the side of the bed to lying down on your back?
- Standing up from a low, soft couch?
- Going up and down a flight of stairs inside, using a handrail?
- Walking on uneven surfaces (e.g., grass, dirt road or sidewalk)?
- Walking around one floor of your home?
- Taking a 20—-minute brisk walk, without stopping to rest?
- Walking on a slippery surface, outdoors?
- Climbing stairs step over step without a handrail? (alternating feet)?
- Walking in a dark room without falling?

**NeuroQOL—Communication**

**Responses for all questions:**

- None
- A little
- Somewhat
- A lot
- Cannot do

**Questions (possible – not all questions will be asked of all patients):**

This is a statement other patients have made. Please rate your level of agreement.

- How much DIFFICULTY do you currently have writing notes to yourself, such as appointments or ‘to do’ lists?
- How much DIFFICULTY do you currently have understanding family and friends on the phone?
- How much DIFFICULTY do you currently have carrying on a conversation with a small group of familiar people (e.g., family or a few friends)?
- How much DIFFICULTY do you currently have organizing what you want to say?
- How much DIFFICULTY do you currently have speaking clearly enough to use the telephone?
Incapacity Status Scale

Responses for questions as applicable:
  • Almost all tasks are performed by another
  • Can only read VERY large print such as headlines, or has constant double vision, or objects seem to move when looking at them
  • Cannot read print finer than standard newspaper print even with glasses, or complains of double vision
  • Frequent hesitancy, urgency or retention*, and/or use of indwelling or external catheter applied or maintained by self, and/or intermittent catheterization by self hesitancy is difficulty initiating urination; urgency is need to urinate immediately; retention is inability to empty bladder completely
  • Frequent loss of bladder control (incontinence)
  • Has frequent loss of bowel control
  • Legally blind
  • Mildly impaired speech that does not interfere with communication
  • Must be lifted or moved about completely by another person or by equipment
  • Need adaptive or assistive devices such as grab bars, sink or sliding board
  • Need assistance to help with clothing and personal hygiene
  • Need assistance to help with clothing only
  • Need assistive devices (shower chair, tub bench, grab bars) to bathe self
  • Need cane, brace or railing to perform
  • Need cane, brace or walker to perform
  • Need enemas or suppositories administered by another, or has occasional bowel incontinence
  • Need for adaptive devices (electric razor or toothbrush, special combs or brushes, arm supports) but able to perform without assistance
  • Need for adaptive devices (special utensils, plates, cups, straws) or special preparation (cut up foods, butter bread, open containers)
  • Need human aid to perform
  • Need human assistance or can use manual wheelchair independently to perform
  • Need human assistance to eat or requires modified diet (thickened liquids, pureed foods)
  • Need human assistance to perform
  • Need human assistance to perform some tasks
  • Need human assistance to transfer or to bathe
  • Need human assistance, but performs most of activity independently
  • Need magnifying lenses or large print to read, or double vision interferes with seeing
  • Need regular (more than once per week) laxatives, enemas or suppositories that are self---administered
  • Need specifically adapted clothing or shoes (no buttons, front---closing garments, no zippers, Velcro closures) or avoids certain types of standard clothing or shoes, or uses devices (long shoe horns, button hook, zipper extenders) to dress self
  • No difficulty

Prepared By FOTO, Inc

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Page 30
• No difficulty
• No difficulty (even if maintained by medication)
• No difficulty with speech or communication
• No difficulty, able to perform without railing
• No difficulty; can read print finer than standard newspaper print with glasses if needed
• Occasional hesitancy or urgency
• Occasional incontinence and/or use of indwelling catheter or external catheter applied or maintained by others; and/or intermittent catheterization performed by others
• Severe slurred speech that is managed using sign language or self—written communication
• Severe slurred speech without techniques or aids to effectively compensate
• Slurred speech that interferes with communication, and/or needs communication aids such as special keyboards or voice amplifiers
• Some difficulty dressing self in standard clothing, but able to perform by self
• Some difficulty requiring high fiber diet or occasional laxatives, enemas or suppositories
• Some difficulty with washing and drying self but able to perform without aid either in tub, shower or by sponge bathing
• Some difficulty, but able to perform by self
• Some difficulty, but able to perform without aid
• Some difficulty, but all tasks performed without aid
• Some difficulty, but performed without aid
• Some difficulty, but performed without aid
• Some difficulty, but performed without aid
• Unable to dress self
• Unable to feed self
• Unable to perform
• Unable to perform or requires someone to push manual wheelchair or requires power wheelchair to perform
• Unable to perform without assistance

Questions (possible – not all questions will be asked of all patients):
This is a statement other patients have made. Please rate your level of agreement. Please select the level of difficulty, if any, you have with the following activities.

• Stair Climbing. Walking up and down a flight of 12 stairs.
• Mobility. Walk 150 feet without rest on level ground or indoors.
• Transfers. Transfer to and from toilet, chair, wheelchair and bed.
• Bowels. Able to manage constipation and control bowels.
• Bladder. Able to control bladder function.
• Bathing. Able to transfer in and out of tub or shower and bathe self.
• Dressing. Able to dress and undress using standard clothing, shoes, or uses devices (long shoehorns, button hook, zipper extenders) to dress self.
• Grooming. Able to brush teeth, comb hair, shave and apply cosmetics.
• Eating. Able to use standard utensils to feed self and consume solids and fluids.
• Vision. Able to read print finer than standard newspaper print with glasses if needed.
• Speech. Able to speak clearly for communication with others.
• Toileting. Able to manage clothing and personal hygiene related to toileting
**OSWESTRY**

**Description:** This module assesses patient self-report of pain and functional impact of lumbar impairments.

**What will be reported:** Scores range from 0% (no impairment) to 100% (high impairment). Codes produced on patient specific reports.

**Questions**

- **Pain Intensity**
  - I can tolerate the pain I have without having to use pain medication
  - The pain is bad, but I can manage without having to take pain medication
  - Pain medication provides me with complete relief from pain.
  - Pain medication provides me with moderate relief from pain.
  - Pain medication provides me with little relief from pain.
  - Pain medication has no effect on my pain.

- **Personal Care (Washing, Dressing, etc.)**
  - I can take care of myself normally without causing increased pain.
  - I can take care of myself normally, but it increases my pain.
  - It is painful to take care of myself, and I am slow and careful.
  - I need help, but I am able to manage most of my personal care.
  - I need help every day in most aspects of my care.
  - I do not get dressed, wash with difficulty, and stay in bed.

- **Lifting**
  - I can lift heavy weights without increased pain.
  - I can lift heavy weights, but it causes increased pain.
  - Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (eg, on a table).
  - Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
  - I can lift only very light weights.
  - I cannot lift or carry anything at all.

- **Walking**
  - Pain does not prevent me from walking any distance.
  - Pain prevents me from walking more than 1 mile.
  - Pain prevents me from walking more than ½ mile.
  - Pain prevents me from walking more than ¼ mile.
  - I can only walk with crutches or a cane.
  - I am in bed most of the time and have to crawl to the toilet.

- **Sitting**
  - I can sit in any chair as long as I like.
  - I can only sit in my favorite chair as long as I like.
  - Pain prevents me from sitting for more than 1 hour.
  - Pain prevents me from sitting for more than ½ hour.
  - Pain prevents me from sitting for more than 10 minutes.
  - Pain prevents me from sitting at all.
• Standing
  • I can stand as long as I want without increased pain.
  • I can stand as long as I want, but it increases my pain.
  • Pain prevents me from standing more than 1 hour.
  • Pain prevents me from standing more than ½ hour.
  • Pain prevents me from standing more than 10 minutes.
  • Pain prevents me from standing at all.

• Sleeping
  • Pain does not prevent me from sleeping well.
  • I can sleep well only by using pain medication.
  • Even when I take pain medication, I sleep less than 6 hours.
  • Even when I take pain medication, I sleep less than 4 hours.
  • Even when I take pain medication, I sleep less than 2 hours.
  • Pain prevents me from sleeping at all.

• Social life
  • My social life is normal and does not increase my pain.
  • My social life is normal, but it increases my level of pain.
  • Pain prevents me from participating in more energetic activities (eg, sports, dancing)
  • Pain prevents me from going out very often.
  • Pain has restricted my social life to my home.
  • I have hardly any social life because of the pain.

• Traveling
  • I can travel anywhere without increased pain.
  • I can travel anywhere, but it increases my pain.
  • My pain restricts my travel over 2 hours.
  • My pain restricts my travel over 1 hour.
  • My pain restricts my travel to short necessary journeys under ½ hour.
  • My pain prevents all travel except for visits to the physician/therapist or hospital.

• Changing Degree of Pain
  • My normal homemaking/job activities do not cause pain.
  • My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
  • I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (eg, lifting, vacuuming).
  • Pain prevents me from doing anything but light duties.
  • Pain prevents me from doing even light duties.
  • Pain prevents me from performing any job or homemaking chores.
PAIN CATASTROPHIZING SCALE

Description: This assessment asks the patient to reflect on past painful experiences, and to indicate the degree to which they experienced each of 13 thoughts or feelings when experiencing pain, which enables treatment plans to be more individually tailored. To add this assessment log in as administrator, access company details, patient surveys and move to available section. Assessment will appear in available optional surveys.

What is reported: The PCS yields a total score and three subscale scores assessing rumination, magnification, and helplessness, based on patient responses on a 5-point scale with the end points (0) not at all ad (4) all the time. The total score is computed by summing responses to all 13 items and range from 0 – 52. Subscales are computed by summing the responses the following items:

Rumination: Sum of items 8, 9, 10, 11
Magnification: Sum of items 6, 7, 13
Helplessness: Sum of items 1, 2, 3, 4, 5, 12

Reference: Sullivan, Michael JL, Ph.D, Department of Psychology, Medicine and Neurology, School of Physical & Occupational Therapy McGill University, Montreal, Quebec H3A 1B1.

Responses:
• 0 = not at all
• 1 = to a slight degree
• 2 = to a moderate degree
• 3 = to a great degree
• 4 = all the time

Questions:
When I’m in pain . . .
• I worry all the time about whether the pain will end.
• I feel I can’t go on.
• It’s terrible and I think it’s never going to get any better.
• It’s awful and I feel that it overwhelms me.
• I feel I can’t stand it anymore.
• I become afraid that the pain will get worse.
• I keep thinking of other painful events.
• I anxiously want the pain to go away.
• I can’t seem to keep it out of my mind.
• I keep thinking about how much it hurts.
• I keep thinking about how badly I want the pain to stop.
• There’s nothing I can do to reduce the intensity of the pain.
• I wonder whether something serious may happen.
Description: This scale measures the degree to which aspects of a patient’s life are disrupted by chronic pain.

What is reported: For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.


Responses:
• 0 (no disability) – 10 (worst disability)

Questions:
Please select the number on the scale which describes the level of disability you have experienced in each area OVER THE PAST WEEK. Select “0” if a category does not apply to you.

• Family/Home Responsibilities: This category refers to activities related to the home or family. It includes chores or duties performed around the house (e.g. yard work, house cleaning) and errands or favors for other family members (e.g. driving the children to school).
• Recreation: This category includes hobbies, sports, and other similar leisure time activities.
• Social Activity: This category refers to activities which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.
• Occupation: This category refers to activities that are a part of or directly related to one’s job. This includes non-paying jobs as well, such as housewife or volunteer worker.
• Sexual Behavior: This category refers to the frequency and quality of one’s sex life.
• Self-Care: This category includes activities which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed).
• Life-Support Activity: This category refers to basic life-supporting behaviors such as eating and sleeping.
PAIN MODULE

Description: This assessment is comprised of pain questions and is completed by the patient at Intake and Status.

Note: The Pain Module consists of 7 component parts (Intensity, Constancy, McGill Short Forms, Activities that increase pain, Activities that decrease pain, Pain at Night, and Body Diagram). The clinic may select what components should be included in the Pain Module. To change default settings log in as administrator, patient surveys and select modules. There are also optional pain items for patients included in the Pelvic Floor Dysfunction Care Type.

What is reported: Responses are printed on the Functional Health Intake Summary and Functional Health Status Summary. The areas selected on the Body Diagram are reported in a text format. The clinic may also select to have a graphical depiction of the responses on the body map in PI Defaults.

Intensity

• Rate the level of pain you have had in the past 24 hours
  o 10 (Pain as bad as it can be) – 0 (No Pain)

• Over the past month, how would you rate your pain when it was the best?
  o 10 (Pain as bad as it can be) – 0 (No Pain)

• Over the past month, how would you rate your pain when it was the worst?
  o 10 (Pain as bad as it can be) – 0 (No Pain)

Constancy

• Is your pain constant?
  o Yes
  o No

• If response to above is No – Please select the percentage of time you experienced pain in the past 24 hours?
  o 90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10%, None

• Select the number of days over the past week you experienced this pain.
  o 7, 6, 5, 4, 3, 2, 1, None

• Enter the number of weeks you have had this pattern of pain.

McGill Short Forms

• Select the qualities of your pain:
  o Throbbing
  o Shooting
  o Stabbing
  o Sharp
  o Cramping
- Gnawing
- Hot-Burning
- Aching
- Heavy
- Tender
- Splitting
- Tiring-Exhausting
- Sickening
- Fearful
- Punishing-cruel

- For each response on the quality of pain, the patient is asked – Please rank the quality of your (quality) pain.
  - Severe
  - Moderate
  - Mild

Activities that increase pain
- Select all of the activities that increase your pain.
  - Bending
  - Sitting
  - Standing
  - Laying
  - Sleeping
  - Walking
  - Running
  - Lifting
  - Pushing or pulling
  - Gripping
  - Lifting overhead
  - Rest
  - Other
  - None

Activities that decrease pain
- Select all the activities that reduce your pain
  - Bending
  - Sitting
  - Standing
  - Laying
  - Sleeping
  - Walking
  - Running
  - Lifting
  - Pushing or pulling
  - Gripping
  - Lifting overhead
  - Rest
Pain at Night

- Does pain keep you awake or wake you at night?
  - Always
  - Sometimes
  - Never

Body Diagram

- Please select the area(s) where you are experiencing pain.
  - Includes a diagram of the body on which as many areas of pain as necessary may be selected.
**PATIENT HISTORY**

**Description:** This module asks the patient about their medical history, including co-morbid conditions. Use to supplement the clinical documentation with patient self-report of their medical history. To add the patient history assessment log in as administrator, access company details, patient surveys and move to available section. For short history option check the short history button.

**What is reported:** The results of patient responses are reported in a “medical record” format. In addition to that, blanks are printed where prescription or non-prescription drug names may be written. There are also 4 blanks at the bottom where 4 patient goals may be written and a blank where Onset / History of illness may be written. There is also a blank for Date Reviewed and Clinician Initials.

- Other Health problems may influence your treatment, please check any of the following problems that apply to you:
  - Lungs or breathing
  - Blood pressure or heart
  - Digestion, bowel, liver, gall bladder
  - Kidney, bladder, prostate, or urination
  - Diabetes, thyroid, hypoglycemia
  - Arthritis or other joint disorders
  - Neurological disorders or headaches
  - Hearing disorders
  - Vision disorders
  - Nervous System Disorders
  - Previous accidents
  - Allergies
  - Incontinence
  - Cancer
  - Vascular Disorders
  - Mental Health Issues
  - Other disorders
  - None

Any items selected (except Other disorders and None) will have a follow up question related to the health problem. The patient will once again select all that apply. Following are the options:

- Lungs or breathing – Asthma, Pneumonia, TB, Emphysema, Bronchitis, Other, None
- Blood pressure or heart – Hypertension, High Cholesterol, Heart Disease, Heart Surgery, Pacemaker, Angina, Heart Murmur, Other, None
- Digestion, bowel, liver, gall bladder – Ulcer, Liver Disease, Gall Bladder, Colon, Bowel, Other, None
• Kidney, bladder, prostate, or urination – Kidney disease, Bladder disorder, Prostate, Urination, None
• Diabetes, thyroid, hypoglycemia – Diabetes, Thyroid, Hypoglycemia, None
• Arthritis or other joint disorders – Rheumatoid arthritis, Arthritis, Lupus, Joint replacement, Ligament repair, Osteoporosis, Fractures, Metal Implants, Osteoarthritis, Other, None
• Neurological disorders or headaches – Headaches, Seizures, Stroke, Multiple sclerosis, Other, None
• Hearing disorders – Hard of hearing, Deafness, Other, None
• Vision disorders – Blindness, Cataracts, Peripherally limited vision, Low vision, Other, None
• Nervous System Disorder – CVA, Parkinson’s Disease, Alzheimer’s Disease, Other, None
• Previous accidents – Automobile, Work, Other, None
• Allergies – Soaps, Perfumes, Dyes, Dust / environment, Latex, Food, Drugs / medications, Other, None
• Incontinence – Bowel, Bladder, None
• Vascular Disorders – Venous, Arterial, Lymphatic, None
• Mental Health Issues – Depression, Anxiety, None

• Personal habits influence your treatment, please select your current or past habits:
  o Smoking
  o Alcohol
  o Substance abuse
  o Other
  o None

• Please select the highest level of education you have completed:
  o Grade School
  o High School
  o College
  o Post College

Depending on the response, a follow up question will be asked
• Grade School (response) 1st Grade, 2nd Grade, 3rd Grade, 4th Grade, 5th Grade, 6th Grade, 7th Grade, 8th Grade
• High School (response) 9th Grade, 10th Grade, 11th Grade, 12th Grade
• College (response) 1 Year, 2 Years, 3 Years, 4 Years, 5 or more years
• Post College (response) 1 Year, 2 Years, 3 Years, 4 Years, 5 or more years

• What is your preferred learning style?
  o Verbal
  o Reading
  o Doing
  o Watching

• Please select the description of your living situation:
- Do you have any religious or cultural practices that we should know about?
  - Yes
  - No

- Do you have any special diet that we should know about?
  - Yes
  - No

- Have you recently had a significant change in your weight?
  - Yes
  - No

  *If the answer to the above is Yes* – Regarding your weight change, was it a...
  - Gain
  - Loss

- Is your current problem the result of an accident?
  - Yes
  - No

  *If the answer above is Yes* – Please select the type of accident:
  - Automobile
  - Work
  - Home
  - Other

  *If response to accident question is Yes* – Please give the date of your accident (Use number pad below)

- What testing have you had for this problem?
  - X-Rays
  - MRI
  - CT Scan
  - Myelogram
  - None

  *For each of the above selected tests, the patient is asked:* What were you told about the results of (selected test)?
  - Nothing
  - There was a problem
There was nothing wrong

- What treatment have you had for this problem?
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Chiropractic
  - Surgery
  - Acupuncture
  - None

- For each of the above selected treatments, the patient is asked: After the (selected treatment) were you...
  - Worse
  - Same
  - Better

- What prescription medications are you taking for this problem?
  - Pain killer
  - Muscle relaxer
  - Antibiotic
  - Anti-Inflammatory
  - Unknown
  - Other
  - None

- What non-prescription medicine are you taking for this problem?
  - Aspirin
  - Ibuprofen
  - Antacid
  - Other
  - None

- Since your problem began, describe the current trend of the most prominent symptoms:
  - Getting worse
  - Staying the same
  - Getting better

- Please mark all of the symptoms you are experiencing.
  - Pain
  - Swelling
  - Paralysis
  - Tingling

  - Numbness
  - Other
• When are you scheduled to see the doctor who referred you here for treatment?
  o Number pad to input date of appointment. If date is not known, Touch to Continue may be selected.

• (Female Only) Are you pregnant?
  o Yes
  o No

• (Female Only) How many children have you delivered?
  o Number pad

---

**PATIENT HISTORY (SHORT)**

1. Other Health problems may influence your treatment, please check any of the following problems that apply to you. If you select a category, please provide more detail by circling the specific issues in the row below.

- Lungs or breathing (Asthma, Pneumonia, TB, Emphysema, Bronchitis, Other None)
- Blood pressure or heart (Hypertension, High Cholesterol, Heart Disease, Heart Surgery, Pacemaker, Angina, Heart Murmur, Other, None)
- Digestion, bowel, liver, gall bladder (Ulcer, Liver Disease, Gall Bladder, Colon, Bowel, Other, None)
- Kidney, bladder, prostate, or urination (Kidney disease, bladder disorder, Prostate, Urination, None)
- Diabetes, thyroid, hypoglycemia (Diabetes, Thyroid, Hypoglycemia, None)
- Arthritis or other joint disorders (Rheumatoid arthritis, Arthritis, Lupus, Joint replacement, Ligament repair, Osteoporosis, Fractures, Metal Implants, Osteoarthritis, Other, None)
- Neurological disorders or headaches (Headaches, Seizures, Stroke, Multiple sclerosis, Other, None)
- Hearing disorders (Hard of hearing, Deafness, Other, None)
- Vision disorders (Blindness, Cataracts, Peripherally limited vision, Low vision, Other, None)
- Nervous System Disorders (CVA, Parkinson’s disease, Alzheimer’s disease, Other, None)
- Previous accidents (Automobile, Work, Other, None)
- Allergies (Soaps, Perfumes, Dyes, Dust / environment, Latex, Food, Drugs / medications, Other, None)
- Incontinence (Bowel, Bladder, None)
- Cancer
☐ Vascular Disorders (Venous, Arterial, Lymphatic, None)
☐ Mental Health Issues (Depression, Anxiety, None)
☐ Other disorders
☐ None

2. Personal habits influence your treatment; please select your current or past habits:
   ☐ Smoking
   ☐ Alcohol
   ☐ Substance abuse
   ☐ Other
   ☐ None

3. What is your preferred learning style? *Select as many as you choose.*
   ☐ Verbal
   ☐ Reading
   ☐ Doing
   ☐ Watching

4. Do you have any religious or cultural practices that we should know about?
   ☐ Yes
   ☐ No

5. Do you have any special diet that we should know about?
   ☐ Yes
   ☐ No

6. What prescription medications are you taking for this problem?
   ☐ Pain killer
   ☐ Muscle relaxer
   ☐ Antibiotic
   ☐ Anti-Inflammatory
   ☐ Unknown
   ☐ Other
   ☐ None

7. What non-prescription medicine are you taking for this problem?
   ☐ Aspirin
   ☐ Ibuprofen
   ☐ Antacid
   ☐ Other
   ☐ None

8. Since your problem began, describe the current trend of the most prominent symptoms:
   ☐ Getting worse
- Staying the same
- Getting better

9. Please mark all of the symptoms you are experiencing.
- Pain
- Swelling
- Paralysis
- Tingling
- Numbness
- Other
PATIENT SPECIFIC FUNCTIONAL SCALE (PSFS)

**Description:** This module allows the patient to identify their top two goals for functional activities and rate their ability to perform those activities.

**What is reported:** A measure of functional ability between 0 (unable to perform activity) and 10 (able to perform activity at same level as before the injury / problem) will be reported. The higher the score, the more functional the patient feels. Selected activities and score are listed on the Functional Health Intake Summary. Change is tracked on the Functional Health Status Report.


**Questions:**
Please list 2 important activities that you are unable to do, or with which you are having considerable difficulty, as a result of the problem that brings you to this clinic.

At Status the items listed at Intake are presented to the patient again to rate.
**Description:** The Pelvic Floor Distress Inventory - Short Form 20 is a patient self report survey in which the patient is asked about twenty symptoms she / he may be experiencing related to the pelvic floor dysfunction being treated, as well as how much the symptoms impact the patient.

**What is reported:** The PFDI-20 is made up of scores from scales - POPDI-6, CRADI-8, UDI-6. Each scale is scored separately. The score for each scale is calculated by obtaining the mean value of all of the answered items within the corresponding scale. The range of scores is 0 - 100 and higher scores indicate greater impact from impairment symptoms. A summary score is also provided for the three scales, and it has a range of scores from 0 – 300 and higher scores indicate greater impact from impairment symptoms. CMS G-codes produced on patient specific reports.


**Responses:**
*For questions regarding if a patient is experiencing a symptom.*

- No
- Yes

*Regarding how much symptoms the patient is experiencing both the patient,*

- Not at all
- Somewhat
- Moderately
- Quite a bit

**Questions:**
*Note: For each question that the patient answers “yes” to experiencing the symptom, “If yes, how much does it bother you?” is also asked.*

- Do you usually experience pressure in the lower abdomen?
- Do you usually experience heaviness or dullness in the pelvic area?
- Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?
- Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?
- Do you usually experience a feeling of incomplete bladder emptying?
- Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?
- Do you feel the need to strain too hard to have a bowel movement?
- Do you feel you have not completely emptied your bowels at the end of a bowel movement?
- Do you usually lose stool beyond your control if your stool is well formed?
- Do you usually lose stool beyond your control if your stool is loose?
• Do you usually lose gas from the rectum beyond your control?
• Do you usually have pain when you pass your stool?
• Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?
• Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?
• Do you usually experience frequent urination?
• Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?
• Do you usually experience urine leakage related to coughing, sneezing, or laughing?
• Do you usually experience small amounts of urine leakage (that is, drops)?
• Do you usually experience difficulty emptying your bladder?
• Do you usually experience pain or discomfort in the lower abdomen or genital region?
**PFIQ-7 – PELVIC FLOOR IMPACT QUESTIONNAIRE**

**Description:** The Pelvic Floor Impact Questionnaire - Short Form 7 is a patient self-report survey in which the patient is asked how much the symptoms related to urinary or bladder impairment have impacted functional activities over the last three months.

PFIQ-7 is made up of scores from scales - UIQ-7, CRAIQ-7, POPIQ-7. Each scale is scored separately.

**What is reported:** The PFIQ-7 is made up of scores from scales - UIQ-7, CRAIQ-7, POPIQ-7. Each scale is scored separately and as part of a composite score. The score for each scale is calculated by obtaining the mean value of all of the answered items within the corresponding scale. The range of scores is 0 - 100 and higher scores indicate greater impact from impairment symptoms. The composite has a range of scores from 0 – 300, and higher scores indicate greater impact from impairment symptoms. CMS G-codes produced on patient specific reports.


**Responses:**
- Not at all
- Somewhat
- Moderately
- Quite a bit

**Questions:**

*Over the last 3 months, how do symptoms or conditions related to your bladder or urine usually affect your*

- ability to do household chores (cooking, cleaning, laundry)?
- ability to do physical activities such as walking, swimming, or other exercise?
- entertainment activities such as going to a movie or concert?
- ability to travel by car or bus for a distance greater than 30 minutes away from home?
- participating in social activities?
- emotional health (nervousness, depression, etc.)?
- feeling frustrated?

**Pelvic Floor Dysfunction Index - Urinary**

Today, because of your urinary problem:

Do you or would you have any difficulty at all with doing household chores (cooking, cleaning, laundry)?

Do you or would you have any difficulty at all with doing physical activities such as walking, swimming, or other exercises?

Do you or would you have any difficulty at all with participating in entertainment activities, such as going to a movie or concert?

Do you or would you have any difficulty at all with traveling by car or bus for a distance greater than 30 minutes away from home?

Do you or would you have any difficulty at all with participating in social activities?

Do you or would you have any difficulty at all with maintaining sexual activities with your partner?
<table>
<thead>
<tr>
<th>Pelvic Floor Dysfunction Index - Bowel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today, because of your bowel problem:</td>
</tr>
<tr>
<td>Do you or would you have any difficulty at all with doing household chores (cooking, cleaning, laundry)?</td>
</tr>
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<td>Do you or would you have any difficulty at all with doing physical activities such as walking, swimming, or other exercises?</td>
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<thead>
<tr>
<th>Pelvic Floor Dysfunction Index - Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today, because of your pelvic pain problem:</td>
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<td>Do you or would you have any difficulty at all with doing household chores (cooking, cleaning, laundry)?</td>
</tr>
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<thead>
<tr>
<th>Pelvic Floor Dysfunction Index - Prolapse</th>
</tr>
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<tr>
<td>Today, because of your pelvic organ prolapse:</td>
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<td>Do you or would you have any difficulty at all with doing household chores (cooking, cleaning, laundry)?</td>
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<td>Do you or would you have any difficulty at all with doing physical activities such as walking, swimming, or other exercises?</td>
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PISQ-12 - PELVIC FLOOR PROLAPSE / URINARY INCONTENENCE SEXUAL FUNCTION QUESTIONNAIRE

Description: The Pelvic Floor Prolapse / Urinary Incontinence Sexual Function Questionnaire is a patient self-report survey in which the patient is about a variety of aspects related to sexual activities over the last six months.

What is reported: The range of scores is 0 - 48, and a lower score is better. G Codes produces on patient specific reports.


Responses
- Always
- Usually
- Sometimes
- Seldom

Questions:
- How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.
- Do you climax (have an orgasm) when having sexual intercourse with your partner?
- Do you feel sexually excited (turned on) when having sexual activity with your partner?
- How satisfied are you with the variety of sexual activities in your current sex life?
- Do you feel pain during sexual intercourse?
- Are you incontinent of urine (leak urine) with sexual activity?
- Does fear of incontinence (either stool or urine) restrict your sexual activity?
- Do you avoid sexual activity because of bulging in the vagina (the bladder, rectum or vagina falling out)?
- When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt)?
- Does your partner have a problem with erections that affects your sexual activity?
- Does your partner have a problem with premature ejaculation that affects your sexual activity?
- Compared to orgasms you have had in the past, how intense are the orgasms you have had in the last six months?
  - Much less intense
  - Less intense
  - Same intensity
  - More intense
Measure 131, Pain Assessment Prior to Initiation of Patient Treatment and Follow Up

**Description:** Pain location, quality, and intensity will be assessed for patients who are 18 years of age or older and have the payment source Medicare B on the Patient Intake and Patient Status.

**What will be reported:** The patient’s responses to the pain questions are reported, as well as the appropriate G-Codes that should be entered on Medicare billing if the clinic is gathering the information to apply for additional reimbursement from CMS.

**Questions**

- Select the qualities of your pain:
  - Throbbing
  - Shooting
  - Stabbing
  - Sharp
  - Cramping
  - Gnawing
  - Hot-Burning
  - Aching
  - Heavy
  - Tender
  - Splitting
  - Tiring-Exhausting
  - Sickening
  - Fearful
  - Punishing-cruel

- *For each response on the quality of pain, the patient is asked* – Please rank the quality of your (quality) pain.
  - Severe
  - Moderate
  - Mild

- Please select the area(s) where you are experiencing pain.
  - Includes a diagram of the body on which as many areas of pain as necessary may be selected.

Measure 154, Falls Risk Assessment

**Description:** It begins by asking the patient about falls that have occurred in the last year. If the patient has fallen twice or once with injury, the falls risk assessment is administered. The risk assessment is comprised of questions added to the patient survey, as well as a clinical assessment (Tinetti), and some educational materials that print when needed. When necessary, the patient will automatically be asked the Abbreviated Activity-specific Balance Confidence
Scale, as well as a couple of questions related to home fall risk factors and what medications were being taken at the time of the fall(s). The Tinetti Assessment will print out from the computer and should be completed by the clinician. The scores from the Tinetti Assessment are not entered into PI. A handout on fall risks will print as well and should be given to the patient. The criteria for inclusion in Measure 154 is that the patient is 18 years of age or older AND the payment source is Medicare B.

**What will be reported:** The patient’s responses to the fall questions are reported, along with the CPTII billing code that should be entered on Medicare billing if the clinic is gathering the information to apply for additional reimbursement from CMS.

**Questions**

Have you fallen in the last year?
- If Yes
- If No,

Did you sustain an injury from the fall?
- Yes
- No

Have you had 2 or more falls in the last year?
- Yes
- No
**SOMATIZATION SUBSCALE**

**Description:** The Somatization Subscale of the Symptom Checklist Back Pain Predictive Model (SCL BPPM). This module assesses your patient’s symptoms of somatization (the presentation of physical symptoms as a manifestation of psychological distress). This scale can be used to track the effect of somatization on outcomes.

**What will be reported:** The subscale relating to somatization will be reported. The somatization scale ranges between 0 (high somatization) and 28 (low somatization). Scores have been modified from original instruments to make consistent with all other scores: higher scores represent higher or more normal functioning.


**Responses for all questions:**
- Extremely
- Quite a bit
- Moderately
- A little bit
- Not at all
- Don’t know

**Questions:**
- In the last day, how much were you distressed by: faintness or dizziness
- In the last day, how much were you distressed by: a lump in your throat
- In the last day, how much were you distressed by: feeling weak in parts of your body
- In the last day, how much were you distressed by: heavy feelings in your arms or legs

- In the last day, how much were you distressed by: trouble getting your breath
- In the last day, how much were you distressed by: hot or cold spells
- In the last day, how much were you distressed by: numbness or tingling in parts of your body
Description: The Subgroups for Targeting Treatment (STarT) Back Screening tool helps primary care clinicians to group patients into 3 categories of risk of poor outcome (persistent disabling symptoms) - low, medium, and high-risk. By being able to categorize patients into these 3 groups, clinicians are then able to target interventions to each sub-group of patients to help improve outcome.

What will be reported: Item 1 is scored as positive if “very much” or ‘extremely” bothered is marked. Items 2-9 are positive if “agree” is marked. Psychosocial subscale items are 1, 4, 7, 8 and 9. Patients are allocated to the “high risk” group if the psychosocial subscale score is >4. The remaining patients are allocated to the “low risk” group if the overall tool score is <4 and to the “medium risk” group if the overall tool score is ≥ 4.

Questions/Responses:

1. Overall, how bothersome has your back pain been in the last 2 weeks?
   Responses: Not at all (0)
   Slightly (0)
   Moderately (0)
   Very much (1)
   Extremely (1)

   For each of the following, please cross one box to show whether you agree or disagree with the statement, thinking about the last 2 weeks.
   Responses to 2-9: Agree (1)
   Disagree (0)

   2. My back pain has spread down my leg(s) at some time in the last 2 weeks.
   3. I have had pain in the shoulder or neck at some time in the last 2 weeks.
   4. It’s really not safe for a person with a condition like mine to be physically active.
   5. In the last 2 weeks, I have dressed more slowly than usual because of my back pain.
   6. In the last 2 weeks, I have only walked short distances because of my back pain.
   7. Worrying thoughts have been going through my mind a lot of the time in the last 2 weeks.
   8. I feel that my back pain is terrible and that it’s never going to get any better.
   9. In general in the last 2 weeks, I have not enjoyed all the things I used to enjoy.

References:
Keele STarT Back Screening Tool
Keele University
http://www.keele.ac.uk/sbst/usingscoringthesbst/
Description: This module assesses patient self-report of various physical and mental functioning after a stroke.

What is reported: Scores reported for Domains (Physical, Mood / Emotions, Memory, Communication, and Social participation) and Physical Subdomains (Strength, Hand, Mobility, and Activities) on the Functional Health Intake Summary and Functional Health Status Summary. The range of scores varies depending on what domains and subdomains were rated. Scores are calculated by subtracting the lowest possible raw score from the raw score, dividing that by the possible raw score range, and multiplying that by 100.

Domain: Physical
Subdomain: Strength
• In the past week, how would you rate the strength of your arm that was most affected by your stroke?
  o A lot of strength
  o Quite a bit of strength
  o Some strength
  o A little strength
  o No strength at all
• In the past week, how would you rate the strength of your grip of your hand that was most affected by your stroke?
  o A lot of strength
  o Quite a bit of strength
  o Some strength
  o A little strength
  o No strength at all
• In the past week, how would you rate the strength of your leg that was most affected by your stroke?
  o A lot of strength
  o Quite a bit of strength
  o Some strength
  o A little strength
  o No strength at all
• In the past week, how would you rate the strength of your foot / ankle that was most affected by your stroke?
  o A lot of strength
  o Quite a bit of strength
  o Some strength
  o A little strength
  o No strength at all

Subdomain: Hand Function
• In the past two weeks, how difficult was it to use your hand that was most affected by your stroke to carry heavy objects (e.g. a bag of groceries)?
  o Not difficult at all
  o A little difficult
• In the past two weeks, how difficult was it to use your hand that was most affected by your stroke to turn a doorknob?
  - Not difficult at all
  - A little difficult
  - Somewhat difficult
  - Very difficult
  - Could not do at all

• In the past two weeks, how difficult was it to use your hand that was most affected by your stroke to open a can or jar?
  - Not difficult at all
  - A little difficult
  - Somewhat difficult
  - Very difficult
  - Could not do at all

• In the past two weeks, how difficult was it to use your hand that was most affected by your stroke to tie a shoelace?
  - Not difficult at all
  - A little difficult
  - Somewhat difficult
  - Very difficult
  - Could not do at all

• In the past two weeks, how difficult was it to use your hand that was most affected by your stroke to pick up a dime?
  - Not difficult at all
  - A little difficult
  - Somewhat difficult
  - Very difficult
  - Could not do at all

**Subdomain: Mobility**

• In the past two weeks, how difficult was it to stay sitting without losing your balance?
  - Not difficult at all
  - A little difficult
  - Somewhat difficult
  - Very difficult
  - Could not do at all

• In the past two weeks, how difficult was it to stay standing without losing your balance?
  - Not difficult at all
  - A little difficult
  - Somewhat difficult
  - Very difficult
  - Could not do at all

• In the past two weeks, how difficult was it to walk without losing your balance?
  - Not difficult at all
  - A little difficult
• In the past two weeks, how difficult was it to move from a bed to a chair?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all

• In the past two weeks, how difficult was it to walk one block?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all

• In the past two weeks, how difficult was it to walk fast?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all

• In the past two weeks, how difficult was it to climb one flight of stairs?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all

• In the past two weeks, how difficult was it to climb several flights of stairs?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all

• In the past two weeks, how difficult was it to get in and out of a car?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all

Subdomain: Activities

• In the past two weeks, how difficult was it to cut your food with a knife and fork?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to dress the top part of your body?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to bathe yourself?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to clip your toenails?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to get to the toilet on time?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to control your bladder (not have an accident)?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to control your bowels (not have an accident)?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to Do light household tasks / chores (e.g. dust, make a bed, take out garbage, do the dishes)?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Could not do at all
• In the past two weeks, how difficult was it to go shopping?
  o Not difficult at all
In the past two weeks, how difficult was it to do heavy household chores (e.g. vacuum, laundry, or yard work)?

- Not difficult at all
- A little difficult
- Somewhat difficult
- Very difficult
- Could not do at all

**Domain: Mood / Emotions**

- In the past week, how often did you feel sad?
  - None of the time
  - A little of the time
  - Some of the time
  - Most of the time
  - All of the time
- In the past week, how often did you feel that there is nobody you are close to?
  - None of the time
  - A little of the time
  - Some of the time
  - Most of the time
  - All of the time
- In the past week, how often did you feel that you are a burden to others?
  - None of the time
  - A little of the time
  - Some of the time
  - Most of the time
  - All of the time
- In the past week, how often did you feel that you have nothing to look forward to?
  - None of the time
  - A little of the time
  - Some of the time
  - Most of the time
  - All of the time
- In the past week, how often did you blame yourself for mistakes that you made?
  - None of the time
  - A little of the time
  - Some of the time
  - Most of the time
  - All of the time
- In the past week, how often did you enjoy things as much as ever?
  - None of the time
  - A little of the time
  - Some of the time
  - Most of the time
• In the past week, how often did you feel quite nervous?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• In the past week, how often did you feel that life is worth living?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• In the past week, how often did you smile and laugh at least once a day?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

Domain: Memory
• In the past week, how difficult was it for you to remember things that people just told you?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it for you to remember things that happened the day before?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it for you to remember to do things (e.g. keep scheduled appointments or take medication)?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it for you to remember the day of the week?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
• In the past week, how difficult was it for you to concentrate?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it for you to think quickly?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it for you to solve everyday problems?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

Domain: Communication

• In the past week, how difficult was it to say the name of someone who was in front of you?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it to understand what was being said to you in a conversation?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it to reply to a question?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it to correctly name objects?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult
• In the past week, how difficult was it to participate in a conversation with a group of people?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it to have a conversation on the telephone?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

• In the past week, how difficult was it to call another person on the telephone, including selecting the correct phone number and dialing?
  o Not difficult at all
  o A little difficult
  o Somewhat difficult
  o Very difficult
  o Extremely difficult

Domain: Social Participation
• During the past four weeks, how much of the time have you been limited in your work (paid, voluntary, or other)
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• During the past four weeks, how much of the time have you been limited in your social activities?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• During the past four weeks, how much of the time have you been limited in quiet recreation (crafts, reading)?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• During the past four weeks, how much of the time have you been limited in active recreation?
  o None of the time
  o A little of the time
• During the past four weeks, how much of the time have you been limited in your role as a family member and / or friend?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• During the past four weeks, how much of the time have you been limited in your participation in spiritual or religious activities?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• During the past four weeks, how much of the time have you been limited in your ability to control your life as you wish?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

• During the past four weeks, how much of the time have you been limited in your ability to help others?
  o None of the time
  o A little of the time
  o Some of the time
  o Most of the time
  o All of the time

Domain: Recovery Scale
(only asked at status / discharge)
• On a scale of 0 to 100, with 100 representing full recovery and 0 representing no recovery, how much have you recovered from your stroke?
  o 100 = Full recovery
  o 90
  o 80
  o 70
  o 60
  o 50
  o 40
  o 30
  o 20
  o 10
  o 0 No recovery