

FOTO Outcome Measurement System

OPTIONAL SURVEY

DESCRIPTIONS

Version 111417

FOTO

FOCUS ON[®]
THERAPEUTIC
OUTCOMES INC

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WHAT ARE OPTIONAL SURVEYS

The purpose of FOTO's standard measures is to provide an estimate of a patient's Functional Status (FS), both on an individual patient level and for comparative reporting of outcomes. The standard measures used by FOTO were developed using the highest standards of research. More than eight-four (84) studies have been published in peer-reviewed journals supporting the reliability and validity properties of these measures, including the rigorous criteria for development of computer-adaptive testing using item-response theory.

As an additional service to its valued clients, FOTO provides a wide selection of optional surveys. Optional surveys may be selected by the clinician as useful adjuncts to the FOTO standard measures on an individual patient level. While data from optional surveys are typically not included in comparative reporting, clinicians may find value in adding one or more to assist with assessment and clinician decision-making for an individual patient. All of the optional surveys are static measures, without the advantages of computer-adaptive testing. Before being included in the Patient-Inquiry system, each optional survey was also reviewed for published psychometric properties.

Optional Surveys included in the FOTO system are **only available for completion in electronic** FOTO Intake and Status Assessments. (*MIPS Measure 131 Pain Assessment, MIPS Measure 154 Fall Risk Assessment and the Abbreviated ABC scale are 3 exceptions that are available via paper survey for data entry purposes to meet Medicare MIPS criteria*).

Optional Surveys can be pre-selected in the Administrative Defaults for application to **ALL** patients included in the FOTO Outcome System by Care Type. Or, you can choose to select optional surveys on a patient-to-patient basis during the Patient Set-Up Process depending on the body part impairment if you prefer.

Optional Surveys available by specific **Care Type** are indicated in the title line as:

- All Care Types
- Orthopedic/Industrial/Pain Management Care Types
- Neuro/Cardio Care Types
- Pelvic Floor

There are also a few Optional Surveys / Crosswalks, even when set as pre-selected in the Administrative Default screen, which will only BE INCLUDED for specific **Body Part** impairments. Please refer to page 75 in this Guide.

Regardless of whether set as required in the Administrative Defaults or selected as required during the patient set-up, optional surveys will be automatically scored and surfaced on the FOTO Patient Specific Reports for your reference. You can also opt to surface the patient responses to the survey questions in addition to the score through the Administrative defaults.

The content of this document outlines the optional surveys available in the FOTO System including the survey description, scoring, research references, and the questions included in the survey so that you can make informed decisions regarding inclusion of these surveys in your patient FOTO episodes.

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 MIPS 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 MIPS 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."

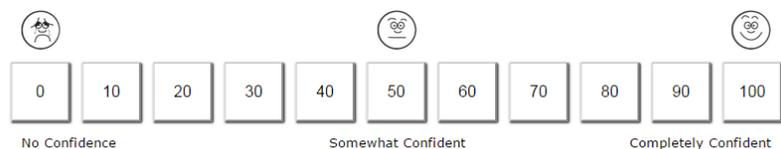
What is reported: The Activities-specific Balance Confidence (ABC) Scale is a 16-item scale in which each item is rated from 0% (no confidence) to 100% (complete confidence). A score of less than 50 indicates a low level of physical functioning. A score of 50 – 80 indicates a moderate level of physical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

Research Reference:

Powell, L.E., & Myers, A.M. (1995). The activities-specific balance confidence (ABC) scale. *Journal of Gerontology: MEDICAL SCIENCES*, 50A(1), M28–M34.

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 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

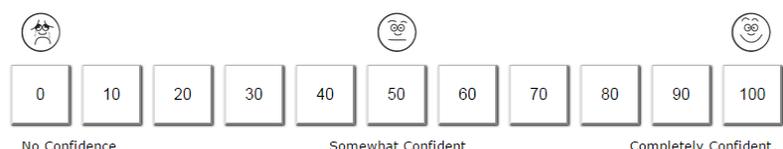
Description: As with the Full ABC Scale, the Abbreviated ABC rates patient confidence that they will lose their balance or become unsteady in the course of daily activities. The Abbreviated ABC questions are reduced to the six items found to reflect the most frightening conditions to patients.

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.

Research Reference: Peretz C, Herman T, Hausdorff JM, Giladi N. Assessing fear of falling: Can a short version of the Activities-specific Balance Confidence scale be useful? *Movement Disorder Society*. 2006 Dec 21 (12): 2102-5. PMID: 1699140.

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?

ADL – ACTIVITIES OF DAILY LIVING



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.

Note: ADL reports will produce Functional Limitation Reporting G-Codes+ Severity Modifiers.

Domains, Subdomains, and Functional Activities

Self Care Domain

- Eating and Drinking Sub-Domain
 - Drinking Thin liquids
 - Drinking Thick liquids
 - Eating Solid Foods
 - Using Drink Containers
 - Using Eating Utensils
- Personal Grooming Sub-Domain
 - Brushing Teeth
 - Combing / Brushing Hair
- Personal Hygiene Sub-Domain
 - Hand Washing
 - Bathing
 - Bladder Management
 - Bowel Management
 - Toileting Tasks
- Dressing Sub-Domain
 - Dressing Upper Body
 - Dressing Lower Body
 - Putting On / Taking Off Shoes and Socks
 - Fastening / Unfastening Fasteners

Motor Domain

- Mobility and Transfers Sub-Domain
 - Mobility in a Bed
 - Transfers to / from a Bed
 - Transfers to / from a Chair / Wheelchair
 - Transfers to / from a Toilet
 - Transfers to / from a Tub / Shower
 - Transfers to / from a Car
 - Raising from the Floor to Standing / Wheelchair
- Locomotion Sub-Domain
 - Wheelchair Mobility
 - Walking on Level Surfaces
 - Walking on Uneven Surfaces
 - Walking on Resistant Surfaces
 - Walking Up / Down Inclines
 - Walking Up Stairs
 - Walking Down Stairs
 - 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

ADL SCALES

For Self Care and Motor domains

Patient is: _____

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

For Communication, Cognition and Socialization Domains

Patient is: _____

Score	Level	Operational Definition
4	Independence	Able to perform this activity in a timely manner without assistance or cueing.
3	Modified	Able to perform this activity with difficulty but without assistance or cueing.
2	Assistance	Able to perform this activity with assistance or cueing.
1	Dependent	Unable to perform this activity with assistance or cueing.

COMBINED CARE for JOINT REPLACEMENTS (CJR)



Description: This survey includes items that Centers for Medicare and Medicaid Services (CMS) has requested from Physicians / Hospitals participating in Combined Care for Joint Replacements (CJR).

What will be reported: The patient responses to the CJR questions will surface on the Intake Report.

1. What is your admission date?
mm/dd/yyyy
2. Is your surgery the result of a fracture?
Yes
No
3. What is your race?
0 = White
1 = Black or African-American
2 = Asian
3 = American Indian or Alaska Native
4 = Native Hawaiian or Other Pacific Islander
4. Are you Hispanic or Latino?
0 = No
1 = Yes
5. How comfortable are you filling out medical forms by yourself?
4 = Extremely
3 = Quite a bit
2 = Somewhat
1 = A little bit
0 = Not at all
6. What amount of pain have you experienced in the last week in your other knee/hip?
0 = None
1 = Mild
2 - Moderate
3 - Severe
4 - Extreme
7. Have you been taking narcotic pain medicine for your knee/hip for 90 days or more?
0 = No
1 = Yes
8. My BACK PAIN at the moment is:
0 = None
1 = Very mild
2 = Moderate
3 = Fairly severe
4 = Very severe
5 = Worst imaginable

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
 - Yes
 - No
- *If yes:* When did you serve?
 - Vietnam Era (8/64 – 4/75) o Korean War (6/50 – 1/55)
 - World War II (9/40 – 7/47)
 - Other Service (All Other Periods)
 - Nonveteran
- Are you now in the armed forces?
 - Yes
 - No
- What is your race?
 - White
 - Black / African American
 - Asian or Pacific Islander
 - Other
- Do you consider yourself Hispanic or Latino?
 - Yes
 - No
- What is the highest level of school that you have completed or the highest degree that you have received?
 - Less than 1st grade
 - 1st, 2nd, 3rd, or 4th grade
 - 5th or 6th grade
 - 7th or 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade, no diploma
 - High School Graduate – Diploma or equivalent (GED)
 - Some college, but no degree
 - Associate Degree – Occupational / Vocational
 - Bachelor’s Degree (example BA, AB, BS)
 - Master’s Degree (example MA, MS, MEng, MSW)
 - Professional School Degree (example MD, DDS, DVM)
 - Doctorate Degree (example PhD, EdD)

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).

Research Reference:

Rossignol M, Arsenault B, Dionne C, Poitras S, Tousignant M, Truchon M, Allard P, Côté M, Neveu A (2006) Clinic on Low-Back Pain in Interdisciplinary Practice (CLIP) guidelines. Montréal: 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.

Research Reference:

Jacobson GP, Newman CW. The Development of the Dizziness Handicap Inventory. Arch Otolaryngol Head Neck Surg 1990; 116:424-427.

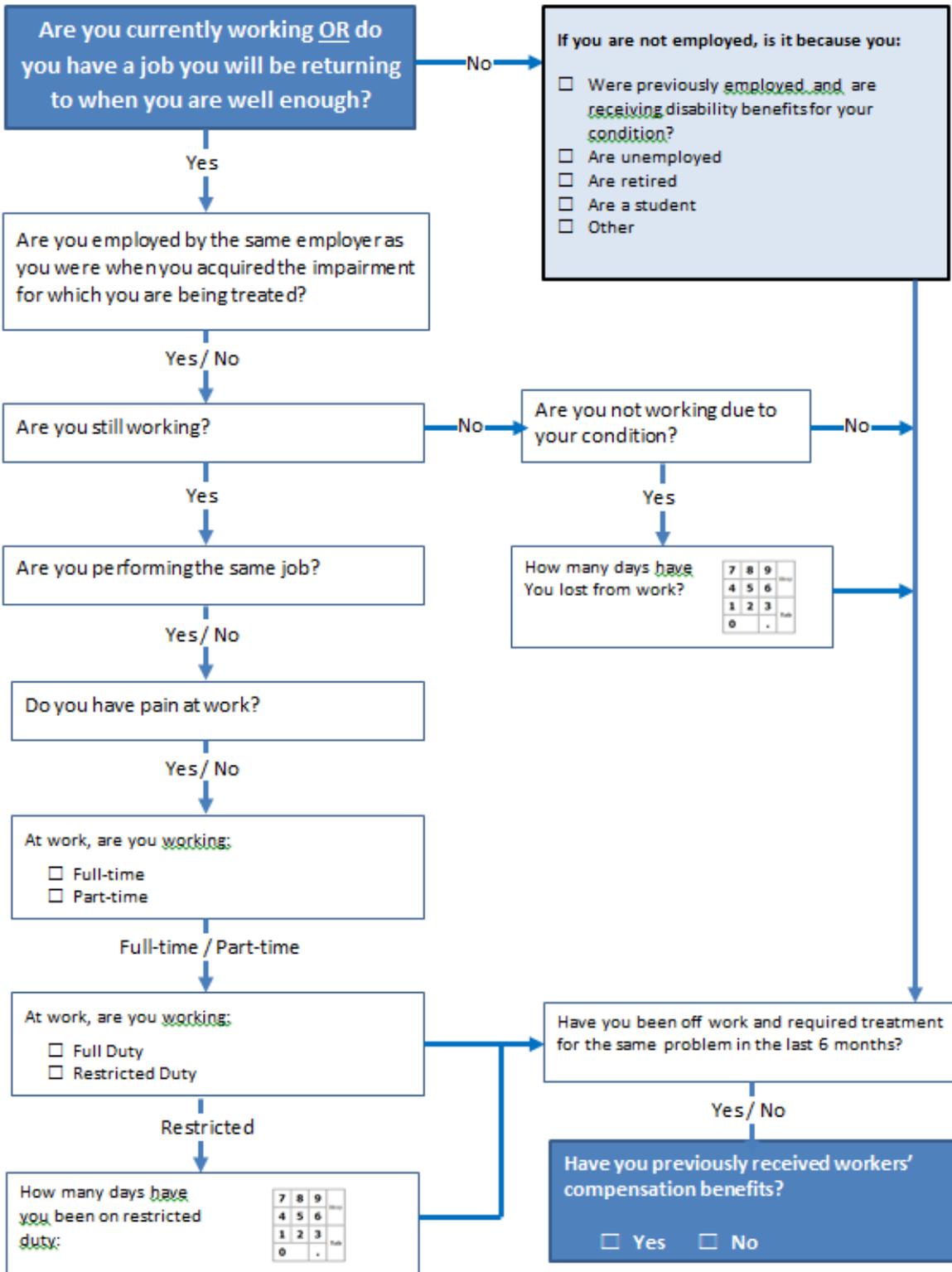
Responses for all questions:

- 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.



Description:

The FACIT-F is a patient-reported symptom-specific subscale of the FACIT instrument containing 13 questions related to fatigue.

What is reported: The scores range 0-52 with a higher score reflecting better quality of life.

References:

1. Webster, K., Cella, D., & Yost, K. (2003). The functional assessment of chronic illness therapy (FACIT) measurement system: properties, applications and interpretation. *Health and Quality of Life Outcomes*, 1(79), 1-7.
2. Lai JS, Cella D, Change CH, Bode RK, Heinemann AW. Item banking to improve, shorten and computerize self-reported fatigue: an illustration of steps to create a core item bank from the FACIT-Fatigue Scale. *Qual Life Res.* 2003;12:485-501.

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Responses to each statement on the survey:

Not at all	A little bit	Somewhat	Quite a bit	Very much
0	1	2	3	4

Questions:

- Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your responses as it applies to the past 7 days.**
 - I feel fatigued
 - I feel weak all over
 - I feel listless (“washed out”)
 - I feel tired
 - I have trouble starting things because I am tired
 - I have trouble finishing things because I am tired
 - I have energy
 - I am able to do my usual activities
 - I need to sleep during the day
 - I am too tired to eat
 - I need help doing my usual activities
 - I am frustrated by being too tired to do the things I want to do
 - I have to limit my social activity because I am tired

Description:

This module assesses fear-avoidance beliefs in respect to performing physical activities. 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 to screen any patient for beliefs and/or behavior related to fear of physical activity.

What will be reported: Fear Avoidance is reported with two scores

1. FOTO Fear Scores have been modified from original instrument to make consistent with all other PSFR scores from 0 (low fear) to 100 (high fear). This is the first Fear score that appears.
2. The Physical Fear-Avoidance Behavior Questionnaire (original FABQ) subscale has a score range from 0 (low fear) to 24 (high fear). This is the second score you will see in parenthesis ().

Using the first Fear Avoidance Score, a useful cut point for clinical management is 44 for Physical Fear. When a patient has high (i.e. =>44), adjust treatment and education to manage the patient's fear of activities to increase the probability of good functional status outcomes.

Physical:

<44 Low Fear

=>44 Elevated Fear

Physical FABQ:

- If a patient responds they Completely Disagree or Somewhat Disagree with the first fear avoidance question (“I should not do physical activities which (might) make my pain worse”) no other fear avoidance questions will be asked of the patient.
- If, however, the patient ranks their level of agreement as Unsure, Somewhat Agree or Completely Agree, the electronic survey will continue on to ask the patient to rank their level of agreement on two additional questions (“Physical activity might harm me” and “I cannot do physical activities which (might) make my pain worse”). The Physical FABQ score is included on all Intake Surveys in the “Patient Reported...” section of the report.

Patient Responses Selections for all questions:

- Completely disagree
- Somewhat disagree
- Unsure
- Somewhat agree
- Completely disagree

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.

Research Reference:

Waddell G, Newton M, Henderson I, Somerville D, Main CJ. A Fear--- Avoidance Beliefs Questionnaire (FABQ) and the role of fear---avoidance beliefs in chronic low---back pain and disability. Pain 1993;52:157---68.

Responses for all questions:

- Completely disagree
- Somewhat disagree
- Unsure
- Somewhat agree
- Completely agree

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.

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):

-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7
Worse			No Change					Better						

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

Reference:

Jaeschke R, Singer J, Guyatt GH. Measurement of health status. Ascertaining the minimal clinically important difference. Control Clin Trials 1989; 407-15.

HOOS JR: HIP DISABILITY & OSTEOARTHRITIS OUTCOME SCORE for JOINT REPLACEMENT

Description: The HOOS, JR was developed from the original long version of the Hip injury and Osteoarthritis Outcome Score (HOOS) survey using Rasch analysis. The HOOS, JR contains 6 items from the original HOOS survey. Items are coded from 0 to 4, none to extreme respectively.

HOOS, JR is scored by summing the raw response (range 0-24) and then converting it to an interval score using the table provided below. The interval score ranges from 0 to 100 where 0 represents total hip disability and 100 represents perfect hip health.

Raw summed score (0-24)	Interval score (0 to 100 scale)
0	100.000
1	92.340
2	85.257
3	80.550
4	76.776
5	73.472
6	70.426
7	67.516
8	64.664
9	61.815
10	58.930
11	55.985
12	52.965
13	49.858
14	46.652
15	43.335
16	39.902
17	36.363
18	32.735
19	29.009
20	25.103
21	20.805
22	15.633
23	8.104
24	0.000

References:

<https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp>

Instructions to Patient:

This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities. If you are unsure about how to answer a question, please give the best answer you can.

Pain:

What amount of hip pain have you experienced the **last week** during the following activities:

1. Going up or down stairs None Mild Moderate Severe Extreme
2. Walking on an uneven surface None Mild Moderate Severe Extreme

Function, daily living:

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

- 3. Rising from sitting None Mild Moderate Severe Extreme
- 4. Bending to floor/pick up an object None Mild Moderate Severe Extreme
- 5. Lying in bed (turning over, maintaining hip position) None Mild Moderate Severe Extreme
- 6. Sitting None Mild Moderate Severe Extreme

KOOS JR: KNEE INJURY & OSTEOARTHRITIS OUTCOME SCORE for JOINT REPLACEMENT

Description: The KOOS, JR was developed from the original long version of the Knee injury and Osteoarthritis Outcome Score (KOOS) survey using Rasch analysis. The KOOS, JR contains 7 items from the original KOOS survey. Items are coded from 0 to 4, none to extreme respectively.

KOOS, JR is scored by summing the raw response (range 0-28) and then converting it to an interval score using the table provided below. The interval score ranges from 0 to 100 where 0 represents total knee disability and 100 represents perfect knee health.

References:

<https://www.hss.edu/hoos-jr-koo-jr-outcomes-surveys.asp>

Instructions to Patient:

This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities. If you are unsure about how to answer a question, please give the best answer you can.

Stiffness

The following question concerns the amount of joint stiffness you have experienced during the **last week** in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

- 1. How severe is your knee stiffness after first wakening in the morning?

None Mild Moderate Severe Extreme

Pain

What amount of knee pain have you experienced the **last week** during the following activities?

- 2. Twisting/pivoting on your knee
- 3. Straightening knee fully

None Mild Moderate Severe Extreme
 None Mild Moderate Severe Extreme

Raw summed score (0-28)	Interval score (0 to 100 scale)
0	100.000
1	91.975
2	84.600
3	79.914
4	76.332
5	73.342
6	70.704
7	68.284
8	65.994
9	63.776
10	61.583
11	59.381
12	57.140
13	54.840
14	52.465
15	50.012
16	47.487
17	44.905
18	42.281
19	39.625
20	36.931
21	34.174
22	31.307
23	28.251
24	24.875
25	20.941
26	15.939
27	8.291
28	0.000

4. Going up or down stairs

None Mild Moderate Severe Extreme

5. Standing upright

None Mild Moderate Severe Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

6. Rising from sitting

None Mild Moderate Severe Extreme

7. Bending to floor/pick up an object

None Mild Moderate Severe Extreme

JAW FUNCTIONAL LIMITATION SCALE – 20 (JFLS-20)



The JFLS has 20 items that address three levels of functional limitation including mastication (6 items), jaw mobility (4 items), and verbal and emotional expression (8 items) and a global score for the total measure. Question responses range from 0 No Limitation to 10 Severe Limitation.



Subscale and global scale scores range 0-10. Scoring is based on 18 of the 20 items. Two items* (yawning and swallowing) are not included in scoring of subscales or the global score. However, they are included to provide additional clinician information such as to cue the clinician to ask additional questions.

Items per Subscale

Mastication	Mobility	Expression
Chew tough food	Open wide enough to bite from a whole apple	Talk
Chew hard bread	Open wide enough to bite into a sandwich	Sing
Chew chicken	Open wide enough to talk	Putting on a happy face
Chew crackers	Open wide enough to drink from a cup	Putting on an angry face
Chew soft food		Frown
Eat soft food requiring no chewing		Kiss
		Smile
		Laugh

Scores will surface on the PSFRs.

Additional Surveys		
	Intake	Scale
Jaw Functional Limitation Scale		
Mastication Score	5.2	10-0
Mobility Score	5.8	10-0
Expression Score	6.8	10-0
JFLS Global Score	5.9	10-0

Reference:

Ohrbach R, Larsson P, List T. The Jaw Functional Limitation Scale: development, reliability, and validity of 8-item and 20-item versions. J Orofacial Pain. 2008;22(3):219-230.

LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)



Caution: To help reduce redundancy in questions for your patients, please keep in mind that the FOTO Hip, Knee, and Ankle/Foot measures are the CAT versions of the LEFS before adding this as an optional survey.

Responses for all questions are:

- Extreme Difficulty or Unable to Perform Activity
- Quite a Bit of Difficulty
- Moderate Difficulty
- A Little Bit of Difficulty
- No Difficulty

Questions included in the LEFS Optional Survey:

Today, do you or would you have any difficulty at all with: *(This is asked with every item below)*

- Any of your usual work, housework, or school activities.
- Your usual hobbies, recreational or sporting activities.
- Getting into or out of the bath.
- Walking between rooms.
- Putting on your shoes or socks.
- Squatting.
- Lifting an object, like a bag of groceries from the floor.
- Performing light activities around the home.
- Performing heavy activities around the home.
- Getting into or out of a car.
- Walking 2 blocks
- Walking a mile.
- Going up or down 10 stairs (about 1 flight of stairs).
- Standing for 1 hour.
- Sitting for 1 hour.
- Running on even ground.
- Running on uneven ground.
- Making sharp turns while running fast.
- Hopping.
- Rolling over in bed.

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.

NECK DISABILITY INDEX



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:

<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?
 - Are you able to use a spoon to eat a meal?
 - Are you able to put on a pullover shirt?
 - Are you able to take off a pullover shirt?
 - Are you able to remove wrappings from small objects?
 - Are you able to open 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
- 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

OSPRO-ROS 10-Item Version



Description: The Optimal Screening for Prediction of Referral and Outcome Review of Systems (OSPRO-ROS) 10-Item Version.

OSPRO-ROS Screening

OSPRO-ROS Screening Results:
 OSPRO-ROS
 Screening
 Intake 4

Scoring and Reporting:

The number of positive responses are surfaced. If even just one response is yes, this is a “Positive Screening.” “Negative Screening” results when all responses are no.

Response options:

- Yes
- No

Questions:

- Have you recently experienced abnormal sensations (eg, numbness, pins and needles)?
- Have you recently experienced headaches?

Patient responses to OSPRO-ROS Screening were as follows:

Question	Response at Intake
Have you recently experienced abnormal sensations (eg, numbness, pins and needles)?	Yes
Have you recently experienced headaches?	No
Have you recently experienced night pain?	No
Have you recently experienced sustained morning stiffness?	Yes
Have you recently experienced light-headedness?	Yes
Have you recently experienced trauma (eg, a motor vehicle accident, a fall)?	No
Have you recently experienced night sweats?	No
Have you recently experienced constipation?	No
Have you recently experienced easy bruising?	Yes
Have you recently experienced changes in vision?	No

Positive Screening

- Have you recently experienced night pain?
- Have you recently experienced sustained morning stiffness?
- Have you recently experienced light-headedness?
- Have you recently experienced trauma (eg, a motor vehicle accident, a fall)?
- Have you recently experienced night sweats?
- Have you recently experienced constipation?
- Have you recently experienced easy bruising?
- Have you recently experienced changes in vision?

Reference: George SZ, Beneciuk JM, Bialosky JE, et al. Development of a Review-of-Systems Screening Tool for Orthopaedic Physical Therapists: Results from the Optimal Screening for Prediction of Referral and Outcome (OSPRO) Cohort. *J Orthop Sports Phys Ther.* 2015;45(7):512-526.

OSWESTRY



Modified Oswestry Low Back Pain Disability Questionnaire

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

What will be reported: Scores range from 0% to 100% with higher scores representing greater disability. (FLR Codes produced on patient specific reports.)

Questions & Responses available for each question.

- 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.
- Employment/Homemaking
 - 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.

Oswestry Disability Index Version 2.0

Description: The ODI is a condition-specific health status measure for back pain.¹ The ODI v 2.0 was published in its entirety¹ and has been recommended as the version of choice.²

Scoring:

- A response selection for the section about Sex Life is not required; the respondent is able to select 'Next' for this section only.
- Scoring if all 10 sections are completed: total score/total possible score (50) x 100 = ____%
- Scoring if Sex Life section is skipped: total score/45 x 100 = ____%

References:

1. Roland M, Fairbank J. The Roland-Morris Disability Questionnaire and the Oswestry Disability Questionnaire. *Spine*; 2000; 25(24):3115-3124.
2. Fairbank JCT, Pynsent PB. The Oswestry Disability Index. *Spine*. 2000;25(22):2940-2953.

Questions & Responses available for each question.

Instructions: Please complete the next 10 questions from the Oswestry Disability Index. It is designed to give your clinician additional information as to how your back (or leg) trouble has affected your ability to manage in everyday life.

Please answer *every section*. Mark *one box only* in each section that most closely describes you *today*.

- Pain Intensity
 - I can tolerate the pain I have without having to use pain killers.
 - The pain is bad but I manage without taking pain killers.
 - Pain killers give complete relief from pain.
 - Pain killers give moderate relief from pain.
 - Pain killers give very little relief from pain.
 - Pain killers have no effect on the pain and I do not use them.
- Personal Care
 - 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 wash with difficulty and stay in bed.
- Lifting
 - I can lift heavy weights without extra pain.
 - I can lift heavy 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 only very light weights.
 - I cannot lift or carry anything at all.

- Walking
 - Pain does not prevent me walking any distance.
 - Pain prevents me walking more than 1 mile.
 - Pain prevents me walking more than 0.5 miles.
 - Pain prevents me walking more than 0.25 miles.
 - I can only walk using a stick or crutches.
 - 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 sitting more than 1 hour.
 - Pain prevents me from sitting more than 0.5 hours.
 - Pain prevents me from sitting more than 10 minutes.
 - Pain prevents me from sitting at all.

- Standing
 - I can stand as long as I want without extra pain.
 - I can stand as long as I want but it gives me extra pain.
 - Pain prevents me from standing for more than 1 hour.
 - Pain prevents me from standing for more than 30 minutes.
 - Pain prevents me from standing for 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 tablets.
 - Even when I take tablets I have less than 6 hours sleep.
 - Even when I take tablets I have less than 4 hours sleep.
 - Even when I take tablets I have less than 2 hours of sleep.
 - Pain prevents me from sleeping at all.

- Sex Life
 - My sex life is normal and causes no extra pain.
 - My sex life is normal but causes some extra pain.
 - My sex life is nearly normal but is very painful.
 - My sex life is severely restricted by pain.
 - My sex life is nearly absent because of pain.
 - Pain prevents any sex life at all.

- Social Life
 - My social life is normal and gives me no extra pain.
 - My social life is normal but increases the degree of pain.
 - Pain has no significant effect on my social life apart from limiting energetic interests such as dancing.
 - Pain has restricted my social life and I do not go out as often.
 - Pain has restricted my social life to my home.
 - I have no social life because of pain.

- Traveling
 - I can travel anywhere without extra pain.
 - I can travel anywhere but it gives me extra pain.
 - Pain is bad but I manage journeys over 2 hours.
 - Pain restricts me to journeys of less than 1 hour.

- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from traveling except to the doctor or hospital.

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 login 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 and (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 . . .
 1. I worry all the time about whether the pain will end.
 2. I feel I can't go on.
 3. It's terrible and I think it's never going to get any better.
 4. It's awful and I feel that it overwhelms me.
 5. I feel I can't stand it anymore.
 6. I become afraid that the pain will get worse.
 7. I keep thinking of other painful events.
 8. I anxiously want the pain to go away.
 9. I can't seem to keep it out of my mind.
 10. I keep thinking about how much it hurts.
 11. I keep thinking about how badly I want the pain to stop.
 12. There's nothing I can do to reduce the intensity of the pain.
 13. I wonder whether something serious may happen.

PAIN DISABILITY INDEX



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.

Research Reference:

Pollard CA. Preliminary validity study of the pain disability index. *Percept Mot Skills*. 1984;59(3): 974.

Responses:

- 0 (no disability) to 10 (worst disability)

Instructions/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.

10	9	8	7	6	5	4	3	2	1	0
----	---	---	---	---	---	---	---	---	---	---

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?

10	9	8	7	6	5	4	3	2	1	0
----	---	---	---	---	---	---	---	---	---	---

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?

10	9	8	7	6	5	4	3	2	1	0
----	---	---	---	---	---	---	---	---	---	---

10 (Pain as bad as it can be) 0 (No Pain)

Constancy

- Is your pain constant?
 - Yes
 - No
 - If response to above is No – Please select the percentage of time you experienced pain in the past 24 hours?

90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10%, None

Select the number of days over the past week you experienced this pain.

7, 6, 5, 4, 3, 2, 1,

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

7	8	9	
4	5	6	<small>Bksp</small>
1	2	3	
0	.		<small>Tab</small>

None

McGill Short Forms

- 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

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
 - Other
 - None

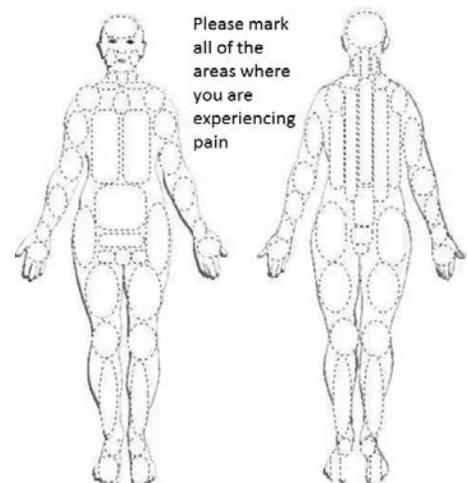
Pain at Night

- 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.



Background

The Patient Acceptable Symptom State (PASS) is a single item that asks the patient whether their current state is acceptable. It supports the goal of incorporating patient perspectives into research and clinical decision-making. The PASS is recommended for use in compliment to the FOTO Functional Status Change scores, the FOTO Risk-Adjusted Predicted Change scores and, when available, the minimal clinically important improvement (MCII) values for each FOTO measure.

Different versions of the wording for the PASS exist in the literature.¹⁻⁴ This version was recommended by the OMERACT special interest group¹ as the preferred condition-general wording: *Taking into account all you have to do during your daily life, your level of pain, and your functional impairment, do you consider that your current state is satisfactory?* Given that complete consensus about the wording has yet to be reached in the literature, and in light of the high reading grade level of this version, a slight modification was made by breaking up the question into 2 sentences for the purposes of reducing the reading level: ***Take into account all you have to do during your daily life, your level of pain, and your functional impairment. Do you consider that your current state is satisfactory?***

Administration, Scoring and Reporting

If selected as an optional survey, the PASS item will be administered at each FOTO Status assessment. There is no scoring. The PASS is a single question with response options of yes and no. The yes or no response will be displayed on the patient specific report.

Additional Surveys		
	Intake	Scale
Patient Acceptable Symptom State	yes	Yes/no

References

1. Tubach F, Ravaud P, Beaton D, Boers M, Bombardier C, Felson DT, et al. Minimal clinically important improvement and patient acceptable symptom state for subjective outcome measures in rheumatic disorders. *J Rheumatol* 2007;34:1188–93.
2. Kavcheck AJE, Cook C, Hegedus EJ, Wright AA. Identification of cut-points in commonly used hip osteoarthritis-related outcome measures that define the patient acceptable symptom state (PASS). *Rheumatol Int.* 2013;33:2773-2782.
3. Dougados M, Luo MP, Maksymowych WP, et al. Evaluation of the patient acceptable symptom state as an outcome measure in patients with ankylosing spondylitis: data from a randomized controlled trial. *Arthritis & Rheumatism.* 2008;59(4):553-560.
4. Christie A, Dagfinrud H, Garratt. AM, et al. Identification of shoulder-specific patient acceptable symptom state in patient with rheumatic diseases undergoing shoulder surgery. *J Hand Ther.* 2011;24:53-61.

Description: This module asks the patient about their medical history. 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.

Note: Other health problems (comorbidities are captured in the Intake Assessment for all patients).

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

- Please select the highest level of education you have completed:
 - Grade School
 - 1st Grade, 2nd Grade, 3rd Grade, 4th Grade, 5th Grade, 6th Grade, 7th Grade, 8th Grade
 - High School
 - 9th Grade, 10th Grade, 11th Grade, 12th Grade
 - College
 - 1 Year, 2 Years, 3 Years, 4 Years, 5 or more years
 - Post College
 - 1 Year, 2 Years, 3 Years, 4 Years, 5 or more years

- What is your preferred learning style?
 - Verbal
 - Reading
 - Doing
 - Watching

- Please select the description of your living situation:
 - I live at home alone
 - I live at home with my spouse
 - I live at home with my spouse and kids
 - I live at home with others
 - I live in a community housing such as an assisted living facility
 - Other

- 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: __/__/____*

• 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?
 - Number pad to input date of appointment. If date is not known, Touch to Continue may be selected.
- (*Female Only*) Are you pregnant?
 - Yes
 - No
- (*Female Only*) How many children have you delivered?
 - Number pad response

PATIENT HISTORY (SHORT)



The Short History contains components of the full Patient History above.

Note: *Other health problems (comorbidities are captured in the Intake Assessment for all patients).*

- Personal habits influence your treatment; please select your current or past habits:
 - Smoking
 - Alcohol
 - Substance abuse
 - Other
 - None
- What is your preferred learning style? *Select as many as you choose.*
 - Verbal
 - Reading
 - Doing
 - Watching
- 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
- 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

PATIENT SPECIFIC FUNCTIONAL SCALE (PSFS)



Description: This module asks the patient to identify 3 important activities that they are unable to do or have difficulty with as a result of the problem that brings the patient to the clinic.

What is reported: The patient-rated level of difficulty for each activity on a scale from 0 (unable to perform activity) to 10 (able to perform activity at same level as before the injury / problem) will be reported. Selected activities and score are listed on the Functional Health Intake Summary. Change is tracked on the Functional Health Status Report.

Research Reference:

1. Stratford P, Gill C, Westaway M, Binkley J. Assessing disability and change on individual patients: a report of a patient specific measure. *Physiother Can* 1995;47:258-63.
2. Westaway MD, Stratford PW, Binkley JM. The Patient Specific Functional Scale: Validation of its use in persons with neck dysfunction. *J Orthop Sports Phys Ther* 1998;27:331--338.

Instructions:

Please list 3 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.

1. Activity #1

Patient types in their activity here

Today, how much difficulty do you have with this activity? Use the scale below to tell us.

Unable to perform activity 0 1 2 3 4 5 6 7 8 9 10 Able to perform activity at same level as before the injury / problem

Continue »

2. Activity #2

Patient types in their activity here

Today, how much difficulty do you have with this activity? Use the scale below to tell us.

Unable to perform activity 0 1 2 3 4 5 6 7 8 9 10 Able to perform activity at same level as before the injury / problem

Go Back Continue »

3. Activity #3

Patient types in their activity here

Unable to perform activity 0 1 2 3 4 5 6 7 8 9 10 Able to perform activity at same level as before the injury / problem

Go Back Continue »

PHQ-2 (Patient Health Questionnaire)



The PHQ-2 (Patient Health Questionnaire) asks about the frequency of depressed mood and anhedonia over the past two weeks. It contains the first two items of the PHQ-9.

The purpose of the PHQ-2 is to screen for depression in a “first step” approach. Patients who screen positive should be evaluated by a qualified health care professional, such as the patient’s primary care physician, to determine whether the patient meets criteria for a depressive disorder.

Scoring and Reporting:

PHQ-2 scores range from 0 to 6. While the authors¹ identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes in a primary care setting, they further stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

A score of 3 was shown to have a 82.9% sensitivity, whereas a score of 2 had a 92.7% sensitivity.¹ For reasons of clinical interpretation, the rehabilitation clinician should be aware that a higher sensitivity is particularly valuable for screening purposes since it indicates the level of confidence in ruling out a condition.

References

1. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Med Care*. 2003;(41):1284-1294.
2. Whooley MA, Avins AL, Miranda J, Browner WS. Case-finding Instruments for Depression: Two Questions Are as Good as Many. *J Gen Intern Med*. 1997;12:439-445.

PFDI-20 – PELVIC FLOOR DISTRESS INVENTORY



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.

Research Reference:

M.D. Barber, MD, MHS, M.D. Walters, MD, R.C. Bump, MD. Short forms of two condition-specific quality-of-life questionnaires for women with pelvic floor disorders (PFDI-20 and PFIQ-7). *American Journal of Obstetrics and Gynecology* 2005; 193: 103-13.

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.

Research Reference:

M.D. Barber, MD, MHS, M.D. Walters, MD, R.C. Bump, MD. Short forms of two condition-specific quality-of-life questionnaires for women with pelvic floor disorders (PFDI-20 and PFIQ-7). *American Journal of Obstetrics and Gynecology* 2005; 193: 103-113.

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?

Pelvic Floor Dysfunction Index - BOWEL

- Today, because of your bowel 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?

Pelvic Floor Dysfunction Index - PAIN

- Today, because of your pelvic pain 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?

Pelvic Floor Dysfunction Index – PROLAPSE

- Today, because of your pelvic organ prolapse:
 - 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?

PELVIC FLOOR PROLAPSE/URINARY INCONTINENCE 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.

Research Reference:

Rogers, R., Coates, K., Kammerer-Doak, D., Qualls, C. A short form of the Pelvic Organ Prolapse / Urinary Incontinence Sexual Questionnaire (PISQ---12). *Int Urogynecol J*(2003) 14: 164 – 168.

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.

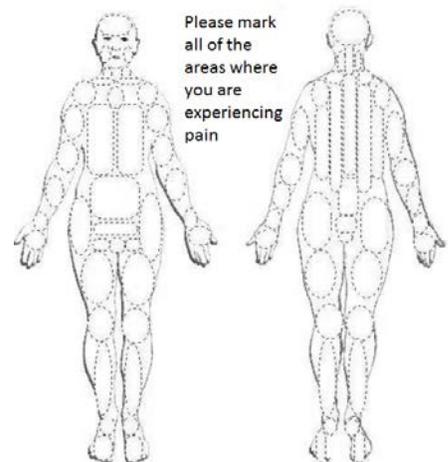
What will be reported: The patient's responses to the pain questions are reported, as well as the appropriate G-Codes if the clinic is gathering the information to avoid PQRs payment adjustments.

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: This survey identifies if the patient is at-risk for falls as a part of the PQRS Program. To meet the measure criteria, the survey asks the patient about falls that have occurred in the last year. If the patient has fallen twice or once with injury, a falls-risk has been identified.

The risk assessment is comprised of questions added to the patient survey. If a fall-risk is identified a clinical assessment (Tinetti) tool is provided as a courtesy for clinician use, an abbreviated ABC scale will be required.

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?
 - Yes
 - No
 - If yes:
 - Did you sustain an injury from the fall?
 - Yes
 - No
 - Have you had 2 or more falls in the last year?
 - Yes
 - No

PROMIS[®] Global Health Version 1.1 (short form)



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Description: The PROMIS[®] Global Health short form version 1.1 contains 10 questions assessing multiple domains. It is one of the measures developed with the support of the National Institutes of Health. When all questions are answered by the patient, the questionnaire results in 2 scales comprised of 4 items each.

- Questions 3, 6, 7 and 8 make up **the Physical Health scale**.
- Questions 2, 4, 5 and 10 make up **the Mental Health scale**.
- Questions 1 and 9 are reported separately as single items for **Global Health** and **Satisfaction with Social Roles**, respectively.

PROMIS[®] stands for Patient Reported Outcomes Measurement Information System.

Scoring: The Global Health measure was developed by PROMIS researchers to be based on a T-scoring method for reporting of scores. For this measure, T-scoring is the most accurate and allows us to assume the closest approximation

of an equal interval scale. Other methods of score reporting, such as using a 0-100 scale, would not allow for equal intervals.

Reporting of Scores (Patient Specific Report)

PROMIS® Global Health Results:			PROMIS® Global Health			
	Physical Health Tscore	Mental Health Tscore	Physical Health Raw Score	Mental Health Raw Score	Global Health	Satisfaction with Social Roles
Intake	42.3	45.8	13(Normal)	13(Normal)	Good	Good

Score Interpretation

A T score of 50 represents the mean (average) for the U.S. general population, and the standard deviation (SD) around that mean is 10 points.

There are no published criteria for what constitutes clinical classifications based on the PROMIS Global Health scales. However, a reasonable standard for impairment in functioning is a T-score that is ≤ 40 (1 SD or more below the mean of the U.S. general population). Raw scores corresponding to the respective T-scores are as follows:

Physical Health Scale Raw Score

- < 13 = Low Physical Health
- ≥ 13 = Average or better

Mental Health Raw Score

- < 11 = Low Mental Health
- ≥ 11 = Average or better

Physical Short Form Conversion Table			Mental Short Form Conversion Table		
Raw.Score	T.Score	SE*	Raw.Score	T.Score	SE*
4	16.2	4.8	4	21.2	4.6
5	19.9	4.7	5	25.1	4.1
6	23.5	4.5	6	28.4	3.9
7	26.7	4.3	7	31.3	3.7
8	29.6	4.2	8	33.8	3.7
9	32.4	4.2	9	36.3	3.7
10	34.9	4.1	10	38.8	3.6
11	37.4	4.1	11	41.1	3.6
12	39.8	4.1	12	43.5	3.6
13	42.3	4.2	13	45.8	3.6
14	44.9	4.3	14	48.3	3.7
15	47.7	4.4	15	50.8	3.7
16	50.8	4.6	16	53.3	3.7
17	54.1	4.7	17	56.0	3.8
18	57.7	4.9	18	59.0	3.9
19	61.9	5.2	19	62.5	4.2
20	67.7	5.9	20	67.6	5.3

*SE = Standard Error

Questions:

1. In general, would you say your health is:
 - Excellent
 - Very good

- Good
- Fair
- Poor

2. In general, would you say your quality of life is:

- Excellent
- Very good
- Good
- Fair
- Poor

3. In general, how would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

4. In general, how would you rate your mental health, including your mood and your ability to think?

- Excellent
- Very good
- Good
- Fair
- Poor

5. In general, how would you rate your satisfaction with your social activities and relationships?

- Excellent
- Very good
- Good
- Fair
- Poor

6. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all

7. In the past 7 days, how would you rate your pain on average?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Pain

Worse pain imaginable

8. In the past 7 days, how would you rate your fatigue on average?

- None
- Mild
- Moderate
- Severe
- Very severe

9. In the past 7 days, In general, please rate how well you carry out your usual social activities and roles? (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)
- Excellent
 - Very good
 - Good
 - Poor
 - Never
10. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
- Rarely
 - Sometimes
 - Often
 - Always

References:

1. PROMIS Network. Scoring PROMIS Global Short Form. Scoring PROMIS Global Short Form manual (12/16/10). Available at <http://www.nihpromis.org/software/assessmentcenter>.
2. Hays RD, Bjorner J, Revicki RA, Spritzer KL, Cella D. Development of physical and mental health summary scores from the Patient Reported Outcomes Measurement Information System (PROMIS) global items. *Qual Life Res.* 2009;18(7):873-880.
3. Weaver KE, Forsythe LP, Reeve BB, et al. Mental and physical health-related quality of life among U.S. cancer survivors: population estimates from the 2010 national health interview survey. *Cancer Epidemiol Biomarkers Prev.* 2012;21(11):2108-2117.

RIVERMEAD POST-CONCUSSION SYMPTOMS QUESTIONNAIRE (RPQ)



The Rivermead Post-Concussion Symptoms Questionnaire (RPQ) is a condition-specific measure for patients who have sustained a concussion or other form of traumatic brain injury. The purpose of the RPQ is to determine the presence and severity of symptoms related to these conditions. The RPQ asks the respondent to rate the severity of 16 symptoms:

- Headaches
- Feelings of Dizziness
- Nausea and/or Vomiting
- Noise Sensitivity, easily upset by loud noise
- Sleep Disturbance
- Fatigue, tiring more easily
- Being Irritable, easily angered
- Feeling Depressed or Tearful
- Feeling Frustrated or Impatient
- Forgetfulness, poor memory
- Poor Concentration
- Taking Longer to Think
- Blurred Vision
- Light Sensitivity, Easily upset by bright light
- Double Vision

- Restlessness

The **response scale** is:

- 0 = Not experienced at all
- 1 = No more of a problem
- 2 = A mild problem
- 3 = A moderate problem
- 4 = A severe problem

Scores will range from 0 to 64 with a higher score indicating greater symptom severity.

Reference: King NS, Crawford S, Wenden FJ, Moss NE, Wade DT (Sep 1995). "The Rivermead Post Concussion Symptoms Questionnaire: A measure of symptoms commonly experienced after head injury and its reliability". J. Neurol. 242 (9): 587-92.

ROLAND MORRIS BACK PAIN QUESTIONNAIRE



Description: The Roland-Morris Disability Questionnaire (RDQ) is a patient self-report measure that assesses physical disability due to low back pain. It was developed using 24 items selected from the Sickness Impact Profile. The stem for these 24 items was changed to "because of my back pain."

What is reported: The RDQ is scored by adding up the number of items checked. The scores range from 0 (no disability) to 24 (maximum disability).

Reference:

Roland M, Fairbank J. The Roland-Morris Disability Questionnaire and the Oswestry Disability Index. Spine. 2000;25(4):3115-3124.

Responses to All Questions:

- Yes
- No

Questions

- I stay at home most of the time because of my back.
- I change positions frequently to try and get my back comfortable.
- I walk more slowly than usual because of my back.
- Because of my back, I am not doing any of the jobs that I usually do around the house.
- Because of my back, I use handrails to get upstairs.
- Because of my back, I lie down to rest more often.
- Because of my back, I have to hold on to something to get out of an easy chair.
- Because of my back, I try to get other people to do things for me.
- I get dressed more slowly than usual because of my back.
- I only stand up for short periods of time because of my back.
- Because of my back, I try not to bend or kneel down.
- I find it difficult to get out of a chair because of my back.

- My back is painful almost all the time.
- I find it difficult to turn over in bed because of my back.
- My appetite is not very good because of my back pain.
- I have trouble putting on my socks (or stockings) because of the pain in my back.
- I only walk short distances because of my back pain.
- I sleep less well because of my back.
- Because of my back pain, I get dressed with help from someone else.
- I sit down for most of the day because of my back.
- I avoid heavy jobs around the house because of my back.
- Because of my back pain, I am more irritable and bad tempered with people than usual.
- Because of my back, I go up stairs more slowly than usual.
- I stay in bed most of the time because of my back.

SELF-EFFICACY SCALE



Description: The Self-Efficacy Scale is a 22-item questionnaire designed to measure patients' perceived self-efficacy to cope with the consequences of pain. Patients indicate their perceived ability to carry out specified activities or achieve specified outcomes. The instrument contains 3 subscales for Pain (5 items), Physical Function (9 items) and Coping (8 items).

The Self Efficacy Scale is a version adapted from the Chronic Pain Self-Efficacy Scale^{1,2} by omitting references to the term “chronic” in reference to pain and medical problems. An NA option was added. Language (patient instructions) was added based on an article by Lorig et al.³

What is reported: Each subscale (**PSE**-Pain, **FSE**-Physical Function, **CSE**-Coping with Symptoms) is scored separately by taking the mean of the subscale items.

Scaling and Scoring:

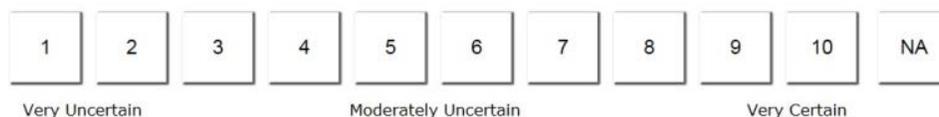
The scales run from 1 (low) to 10 (high). Under scores 1 and 2 are the words “Very Uncertain”. Under scores 5 and 6 are the words “Moderately Uncertain”. Under scores 9 and 10 are the words “Very Certain.”

If one-fourth or less of the data are missing, the score is a mean of the completed data. If more than one-fourth of the data are missing, no score is calculated. Responses are transformed into a 0 to 100 scale with 100 being normal or high self-efficacy and 0 be dysfunctional or low self-efficacy.

References:

1. Anderson KO, Dowds BN, Pelletz RE, Edwards WT, Peeters-Asdourian C. Development and initial validation of a scale to measure self-efficacy beliefs in patients with chronic pain. *Pain*. 1995;63:77-84.
2. Arnstein P, Caudill M, Mandle CL, Norris A, Beasley R. Self efficacy as a mediator or the relationship between pain intensity, disability and depression in chronic pain patients. *Pain*. 1999;80:483-491.
3. Lorig K, Chastain RL, Ung E, Shoor S, Holman HR. Development and evaluation of a scale to measure perceived self-efficacy in people with arthritis. *Arthritis and Rheumatism*. 1989;32(1):37-44.

Responses for All Subscales:



Self-Efficacy for Pain Management (PSE)

Questions

- We would like to know how your current problem for which you are seeking rehabilitation affects you. For each of the following questions, please check the number, which corresponds to your certainty that you can now perform the following tasks. If the activity does not apply to you, check "NA".
 - How certain are you that you can decrease your pain quite a bit?
 - How certain are you that you can continue most of your daily activities?
 - How certain are you that you can keep your pain from interfering with your sleep?
 - How certain are you that you can make a small-to-moderate reduction in your pain by using methods other than taking extra medications?
 - How certain are you that you can make a large reduction in your pain by using methods other than taking extra medications?

Self-Efficacy for Physical Function (FSE)

Questions

- We would like to know how confident you are in performing certain daily activities. For each of the following questions, please check the number, which corresponds to your certainty that you can perform the tasks as of now, without assistive devices or help from another person. Please consider what you routinely can do, not what would require a single extraordinary effort. If the activity does not apply to you, check "NA".
 - How certain are you that you can walk ½ mile on flat ground?
 - How certain are you that you can lift a 10-pound box?
 - How certain are you that you can perform a daily home exercise program?
 - How certain are you that you can perform your household chores?
 - How certain are you that you can shop for groceries or clothes?
 - How certain are you that you can engage in social activities?
 - How certain are you that you can engage in hobbies or recreational activities?
 - How certain are you that you can engage in family activities?
 - How certain are you that you can perform the work duties you had prior to the onset of your condition for which you are seeking rehabilitation? (For homemakers, please consider your household activities as your work duties.)?

Self-Efficacy for Coping with Symptoms (CSE)

Questions

- In the following questions, we would like to know how you feel about your ability to control your symptoms of the problem for which you are seeking rehabilitation. For each of the following questions, please check the number, which corresponds to the certainty that you can now perform the following activities or tasks. If the activity does not apply to you, check "NA".
 - How certain are you that you can control your fatigue?
 - How certain are you that you can regulate your activities so as to be active without aggravating your physical symptoms (e.g., fatigue, pain)?
 - How certain are you that you can do something to help yourself feel better if you are feeling blue?
 - As compared to other people with medical problems like yours, how certain are you that you can manage your pain during your daily activities?

- How certain are you that you can manage your physical symptoms, so you can do the things you enjoy doing?
- How certain are you that you can deal with the frustration of your medical problems?
- How certain are you that you can cope with mild to moderate pain?
- How certain are you that you can cope with severe pain?

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.

Research Reference:

Rossignol M, Arsenault B, Dionne C, Poitras S, Tousignant M, Truchon M, Allard P, Côté M, Neveu A (2006) Clinic on Low-Back Pain in Interdisciplinary Practice (CLIP) guidelines. Montréal: 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: 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

SRS-22



Description: The Scoliosis Research Society-22 (SRS-22) is a health-related quality of life questionnaire specific to idiopathic scoliosis. The 5 domains of the SRS-22 are: Function/Activity, Pain, Self-Image/Appearance, Mental Health, and Satisfaction with Management.

Reference:

Asher M, MinLai S, Burton D, Manna B. The Reliability and Concurrent Validity of the Scoliosis Research Society-22 Patient Questionnaire for Idiopathic Scoliosis. *Spine*. 2003;28(1):63-69.

Scoring:

The score for each domain, Subtotal, and Total scores range from 5 (Best) to 1 (Worst).

Reporting of Scores (Patient Specific Report)

Scoliosis Research Society-22 Results:		Scoliosis Research Society-22					
		Total	Function Score	Pain Score	Self-Image Score	Mental Health Score	Non-Mgmt Subtotal
Intake	1.0000	1.00	1.00	1.00	1.00	1.00	1.00
1/19/2016	3.0000	3.00	3.00	3.00	3.00	3.00	3.00

Patient Instructions:

The following additional questions will help with the careful evaluation of your back. It is important that you answer each of these questions yourself. Please select the **one best answer** to each question. *(Slightly modified wording for computerized version within FOTO)*

Questions/Response Options *(response weight):*

1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?
 - None (5)
 - Mild (4)
 - Moderate (3)
 - Moderate to severe (2)
 - Severe (1)

2. Which one of the following best describes the amount of pain you have experienced over the last month?
 - None (5)
 - Mild (4)
 - Moderate (3)
 - Moderate to severe (2)
 - Severe (1)

1. During the past 6 months, have you been a very nervous person?
 - None of the time (5)
 - A little of the time (4)
 - Some of the time (3)
 - Most of the time (2)
 - All of the time (1)

2. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?
 - Very happy (5)
 - Somewhat happy (4)
 - Neither happy nor unhappy (3)
 - Somewhat unhappy (2)
 - Very unhappy (1)

5. What is your current level of activity?
 - Bedridden (1)
 - Primarily no activity (2)
 - Light labor and light sports (3)
 - Moderate labor and moderate sports (4)
 - Full activities without restriction (5)

6. How do you look in clothes?
 - Very good (5)
 - Good (4)

- Fair (3)
 - Bad (2)
 - Very bad (1)
7. In the past 6 months, have you felt so down in the dumps that nothing could cheer you up?
- Very often (1)
 - Often (2)
 - Sometimes (3)
 - Rarely (4)
 - Never (5)
8. Do you experience back pain when at rest?
- Very often (1)
 - Often (2)
 - Sometimes (3)
 - Rarely (4)
 - Never (5)
9. What is your current level of work/school activity?
- 100% normal (5)
 - 75% normal (4)
 - 50% normal (3)
 - 25% normal (2)
 - 0% normal (1)
10. Which of the following best describes the appearance of your trunk, defined as the human body except for the head and extremities?
- Very good (5)
 - Good (4)
 - Fair (3)
 - Poor (2)
 - Very Poor (1)
11. Which one of the following best describes your pain medication use for back pain?
- None (5)
 - Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen) (4)
 - Non-narcotics daily (3)
 - Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet) (2)
 - Narcotics daily (1)
12. Does your back limit your ability to do things around the house?
- Never (5)
 - Rarely (4)
 - Sometimes (3)
 - Often (2)
 - Very Often (1)
13. Have you felt calm and peaceful during the past 6 months?
- All of the time (5)
 - Most of the time (4)
 - Some of the time (3)

- A little of the time (2)
 - None of the time (1)
14. Do you feel that your back condition affects your personal relationships?
- None (5)
 - Slightly (4)
 - Mildly (3)
 - Moderately (2)
 - Severely (1)
15. Are you and/or your family experiencing financial difficulties because of your back?
- Severely (1)
 - Moderately (2)
 - Mildly (3)
 - Slightly (4)
 - None (5)
16. In the past 6 months, have you felt down hearted and blue?
- Never (5)
 - Rarely (4)
 - Sometimes (3)
 - Often (2)
 - Very often (1)
17. In the last 3 months, have you taken any days off of work, including household work, or school because of back pain?
- 0 days (5)
 - 1 day (4)
 - 2 days (3)
 - 3 days (2)
 - 4 or more days (1)
18. Does your back condition limit your going out with friends/family?
- Never (5)
 - Rarely (4)
 - Sometimes (3)
 - Often (2)
 - Very often (1)
19. Do you feel attractive with your current back condition?
- Yes, very (5)
 - Yes, somewhat (4)
 - Neither attractive nor unattractive (3)
 - No, not very much (2)
 - No, not at all (1)
20. Have you been a happy person during the past 6 months?
- None of the time (1)
 - A little of the time (2)
 - Some of the time (3)
 - Most of the time (4)

- All of the time (5)
21. Are you satisfied with the results of your back management?
- Very satisfied (5)
 - Satisfied (4)
 - Neither satisfied nor unsatisfied (3)
 - Unsatisfied (2)
 - Very unsatisfied (1)
22. Would you have the same management again if you had the same condition?
- Definitely yes (5)
 - Probably yes (4)
 - Not sure (3)
 - Probably not (2)
 - Definitely not (1)

STarT BACK SCREENING



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.

The copyright (©2007) of the STarT Back Tool and associated materials is owned by Keele University, the development of which was partly funded by Arthritis Research, United Kingdom. The tool is designed for use by health care practitioners, with appropriate treatment packages for each of the stratified groups. The tool is not intended to recommend the use of any particular product. This is a licensed tool (©2007 Keele University) that may not be modified or copied. The STarT Back Tool was designed to be used in conjunction with matched treatment pathways, to ensure that all patients have access to the right support.

References:

Keele STarT Back Screening Tool Keele University. <http://www.keele.ac.uk/sbst/usingscoringthesbst/>

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.

STROKE IMPACT SCALE



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?
 - A lot of strength
 - Quite a bit of strength
 - Some strength
 - A little strength
 - 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?
 - A lot of strength
 - Quite a bit of strength
 - Some strength
 - A little strength
 - No strength at all
- In the past week, how would you rate the strength of your leg that was most affected by your stroke?
 - A lot of strength
 - Quite a bit of strength
 - Some strength

- A little strength
- 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?
 - A lot of strength
 - Quite a bit of strength
 - Some strength
 - A little strength
 - 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)?
 - 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 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
 - Somewhat difficult
 - Very difficult
 - Could not do at all
- In the past two weeks, how difficult was it to move from a bed to a chair?
 - 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 one block?
 - 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 fast?
 - 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 climb one flight of stairs?
 - 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 climb several flights of stairs?
 - 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 get in and out of a car?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - 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?
 - 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 dress the top part of your body?
 - 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 bathe yourself?
 - 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 clip your toenails?
 - 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 get to the toilet on time?
 - 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 control your bladder (not have an accident)?
 - 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 control your bowels (not have an accident)?
 - 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 Do light household tasks / chores (e.g. dust, make a bed, take out garbage, do the dishes)?
 - 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 go shopping?
 - 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 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
 - All of the time

- In the past week, how often did you feel quite nervous?
 - 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 life is worth living?
 - 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 smile and laugh at least once a day?
 - None of the time

- A little of the time
- Some of the time
- Most of the time
- All of the time

Domain: Memory

- In the past week, how difficult was it for you to remember things that people just told you?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it for you to remember things that happened the day before?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - 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)?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it for you to remember the day of the week?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it for you to concentrate?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it for you to think quickly?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult

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

Domain: Communication

- In the past week, how difficult was it to say the name of someone who was in front of you?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it to understand what was being said to you in a conversation?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it to reply to a question?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it to correctly name objects?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it to participate in a conversation with a group of people?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult
- In the past week, how difficult was it to have a conversation on the telephone?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - 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?
 - Not difficult at all
 - A little difficult
 - Somewhat difficult
 - Very difficult
 - 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)?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
- During the past four weeks, how much of the time have you been limited in your social activities?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
- During the past four weeks, how much of the time have you been limited in quiet recreation (crafts, reading)?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time
- During the past four weeks, how much of the time have you been limited in active recreation?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All 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?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - 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?
 - None of the time
 - A little of the time

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

Domain: Recovery Scale

Only asked when patient completes a 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?



TRAUMATIC INJURIES DISTRESS SCALE (TIDS)

Description:

The Traumatic Injuries Distress Scale is a 12-item questionnaire designed to measure 3 different domains of trauma-related distress following musculoskeletal injuries. It has been designed for use in the acute (<4 weeks) stage of injury, and will provide information on the *magnitude* and *nature* of risk of persistent or chronic problems based on psychological or cognitive factors.² Exaggerated post-traumatic distress has consistently demonstrated prognostic

associations with chronic problems¹, but most tools have been designed for use in chronic problems. The TIDS is the first designed from the ground up for use in acute, non-catastrophic musculoskeletal injuries.

What is reported:

The total TIDS score is reported in addition to scores on each of the 3 subscales: Negative Affect (6 items score range 0-12, especially useful for predicting depression or disability), Uncontrolled Pain (4 items score range 0-8, especially useful for predicting pain or disability) and Intrusion/Hyperarousal (2 items score range 0-4, especially useful for predicting anxiety or PTSD). The score for each subscale is the sum of the responses to the applicable questions. As data are collected and analyzed, clinically useful cut-scores will be derived for each subscale allowing classification of patients into low/moderate/high risk categories for each risk factor. In this way, the TIDS will address not only the common

question of 'is this patient at risk of a chronic problem?' but crucially will also provide 'Why are they at risk?' and 'At risk of what?' thus providing firmer guidance for clinical decisions.

Scaling and Scoring:

Each item is scaled using frequency-based response options: Never (0), Occasionally (1), Often/All the Time (2). Higher scores represent higher levels of distress.

References:

1. Walton DM, Carroll LJ, Kasch H, et al. An overview of systematic reviews on prognostic factors in neck pain: results from the international collaboration on neck pain (ICON) project. *Open Orthop J.* 2013;7:494-505.
2. Walton DM, Krebs D, Moulden D, et al. The Traumatic Injuries Distress Scale: A new tool that quantifies distress and has predictive validity with patient-reported outcomes. *J Ortho Sports Phys Ther.* 2016; 46(10):920-928.

BODY PART SPECIFIC OPTIONAL ASSESSMENTS / CROSSWALKS

Optional Surveys set as a default in the Administrative screens will be cued into the electronic assessments for **ALL** patient episodes, depending on the Care Type selected for the episode. **However, the following Optional Surveys/ Crosswalks, even when set as a default in the Admin settings, will only populate for specific body part impairments**

OPTIONAL ASSESSMENTS

Lower Extremity Functional Scale (LEFS)

- Ankle
- Foot
- Hip
- Knee
- Lower leg (w/o knee)
- Pelvis
- Upper Leg
- Lumbar

Oswestry 2.0

- Lumbar
- Neck
- Pelvis
- Hip
- Thoracic
- Pelvic Floor

Modified Oswestry

- Lumbar
- Neck
- Pelvis
- Thoracic
- Pelvic Floor

Neck Disability Index (NDI)

- Craniofacial
- Neck
- Shoulder
- Thoracic

Roland Morris:

- Lumbar
- Thoracic

HOOS, Jr.

- Hip

KOOS, Jr.

- Knee

CJR:

- Hip
- Knee

STarT Back Screening:

- Lumbar
- Neck
- Thoracic

Jaw Functional Limitation Scale

- Craniomandibular
- Neck
- Thoracic
- Ribs/trunk
- Shoulder, and
- NOC-musculoskeletal if no body part is chosen
- + Neuro Care Types

CROSSWALKS

Oswestry Modified Low Back

- Lumbar Only

Note: If you have activated this Crosswalk and also have the Modified Oswestry set as a default, the Crosswalk score will not be included on the PSFR – the Modified Oswestry detail/score will surface only.

DASH:

- Elbow
- Wrist
- Hand
- Shoulder