PROGRESSIVE STEP REHABILITATION SERVICES
FUNCTIONAL OUTCOME SURVEY PRETEST

Thank you for taking the time to fill out this questionnaire. Your confidential comments are important to us in our effort to improve our performance.

Name: _____ Date: _____ Office: _____

Please answer the following questions using the scale from 1 to 5, with 1=never (worst), and 5=always (best), by circling the appropriate number.

1. Can you get up from the couch or low chair without assistance?	1	2	3	4	5
2. Are you able to walk for 15 minutes?	1	2	3	4	5
3. Are you able to go up and down a flight of stairs?	1	2	3	4	5
4. Are you able to sit for 15 minutes?	1	2	3	4	5
5. Are you able to stand for 15 minutes?	1	2	3	4	5
6. Are you able to lift 25 pounds? (ex.: bag of feed, 3 gallons of water, a typical 2 year old)	1	2	3	4	5
7. Are you able to perform toilet activities?	1	2	3	4	5
8. Are you able to reach over your head with your left arm?	1	2	3	4	5
9. Are you able to reach over your head with your right arm?	1	2	3	4	5
10. Are you able to brush your hair?	1	2	3	4	5
11. Are you able to do all the work and daily activities you could do prior to your injury.	1	2	3	4	5

Total: _____

Please rate your pain using the scale from 0 to 10, with 0=no pain, and 10=the worst imaginable pain, by circling the appropriate number.

0 1 2 3 4 5 6 7 8 9 10 Total: _____

Additional comments: _____

_____

_____

Please initial: _____ and date: _____