

The General Orthopedic Functional Status 10-Item Short Form
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The following assessment will ask you about difficulties you may have with certain activities. It is an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Because of your problem for which you are seeking attention, how much does your problem limit:	A lot <input type="radio"/>	A little <input type="radio"/>	Not at all <input type="radio"/>
Vigorous activities like running, lifting heavy objects, sports?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Participating in recreational sport?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Moderate activities like moving a table or pushing a vacuum cleaner?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Lifting or carrying items like groceries?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Lifting overhead to a cabinet?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Gripping or opening a can?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Handling of small items such as a pen or coins?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Feeding yourself?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Getting in and out of your chair?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Bathing or dressing?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
Completing your toileting?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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