



OPTIMAL INSTRUMENT

(Outpatient Physical Therapy Improvement in Movement Assessment Log)

Name: _____ Date: _____

Please complete this questionnaire prior to beginning treatment. It will assist us in focusing your treatment. Near the end of your treatment, we will ask you to complete it again to assess your progress over time. Thank you!

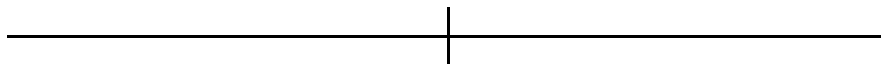
Part 1. Difficulty

Please circle the level of **difficulty** you have for each activity today:

Able to do with:

Activity:	No Difficulty	A Little Difficulty	Moderate Difficulty	Much Difficulty	Unable to do	N/A
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking-short distance	1	2	3	4	5	9
10. Walking-long distance	1	2	3	4	5	9
11. Walking outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about **all** of the activities you would like to do, please mark an "X" at the point on the line that best describes your **overall** level of difficulty with these activities today.



I have **extreme difficulty** doing any activities that I would like to do.

I have **no difficulty** doing any activities that I would like to do.

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to climb stairs, kneel and hop without difficulty, you would choose 1. 12 2. 8 3. 13)

1 _____ 2 _____ 3 _____

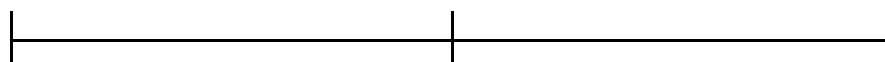
Part 2. Confidence

Please circle the level of **confidence** you have for doing each activity today:

Confident in my ability to perform:

Activity:	Fully Confident	Very Confident	Moderately Confidence	Some Confidence	Not Confident	N/A
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking-short distance	1	2	3	4	5	9
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12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about **all** of the activities you would like to do, please mark an "**X**" at the point on the line that best describes your **overall** level of confidence in performing these activities today.



I have **no confidence** that I can do activities I would want to do.

I have **complete confidence** that I can do activities I would want to do.