

Shaul's Individualized Physical Therapy, PC

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Name: _____

Date: _____

Please list at least 3 activities (and rate them) you are unable to perform or have most difficulty performing due to your problem.

1. _____

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

2. _____

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

3. _____

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

4. _____

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

0 = able to perform at the same level as before injury or problem

10 = unable to perform activity