

OPTIMAL Difficulty–Follow-Up

| Instructions: Please circle the level of difficulty you have for each activity today. | Able to do without any difficulty | Able to do with little difficulty | Able to do with moderate difficulty | Able to do with much difficulty | Unable to do | Not applicable |
|--|---|---|---|---------------------------------------|-----------------|----------------|
| 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 <u>all</u> 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 no difficulty doing any I have extreme difficulty doing any of the activities of the activities that I would that I would like to do. like to do.

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OPTIMAL

Confidence–Follow-Up

| | | Ince-roi | <u>1011-0p</u> | | | |
|---|--|-------------------|------------------------|--------------------|---|----------------|
| Instructions: Please circle the level of confidence you have for doing each activity today. | Fully confident in my ability to perform | Very confident | Moderate confidence | Some confidence | Not confident in my ability to perform | Not applicable |
| 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 <u>all</u> the activities you like to do, please mark an "X" at the point on the line that best describes your <u>overall</u> level of confidence in performing these activities today:

| I have <i>no confidence</i> that I can do activities that I would want to do. | | I have <i>complete confidence</i> that I can do activities that I would want to do. | | | |
|---|--|---|--|--|--|

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