



OPTIMAL INSTRUMENT Demographic Information

1. Date of Birth _____
mm / dd / yyyy
2. Sex
 - 1) _____ Male
 - 2) _____ Female
3. Race
 - 1) _____ Aleut/Eskimo
 - 2) _____ American Indian
 - 3) _____ Asian/Pacific Islander
 - 4) _____ Black
 - 5) _____ White
 - 6) _____ Other
4. Ethnicity
 - 1) _____ Hispanic or Latino
 - 2) _____ Not Hispanic or Latino
5. Insurance (Please check all that apply)
 - 1) _____ Workers' compensation
 - 2) _____ Self-pay
 - 3) _____ HMO/PPO/private insurance
 - 4) _____ Medicare
 - 5) _____ Medicaid
 - 6) _____ Auto
 - 7) _____ Other
6. Education (Please check one)
 - 1) _____ Less than high school
 - 2) _____ Some high school
 - 3) _____ High school graduate
 - 4) _____ Attended or graduated from technical school
 - 5) _____ Attended college, did not graduate
 - 6) _____ College graduate
 - 7) _____ Completed graduate school/advanced degree
7. Please check the combined annual income of everyone in your house:
 - 1) _____ Less than \$10,000
 - 2) _____ \$10,000–\$14,999
 - 3) _____ \$15,000–\$24,999
 - 4) _____ \$25,000–\$34,999
 - 5) _____ \$35,000–\$49,999
 - 6) _____ \$50,000–\$74,999
 - 7) _____ \$75,000–\$99,999
 - 8) _____ \$100,000–\$149,999
 - 9) _____ \$150,000 or more
8. Employment/Work (Check all that apply)
 - 1) _____ Working full-time outside of home
 - 2) _____ Working part-time outside of home
 - 3) _____ Working full-time from home
 - 4) _____ Working part-time from home
 - 5) _____ Working with modification in job because of current illness/injury
 - 6) _____ Not working because of current illness/injury
 - 7) _____ Homemaker
 - 8) _____ Student
 - 9) _____ Retired
 - 10) _____ UnemployedOccupation: _____
9. Do you use a: (Check all that apply)
 - 1) _____ Cane?
 - 2) _____ Walker, rolling walker, or rollator?
 - 3) _____ Manual wheelchair?
 - 4) _____ Motorized wheelchair?
 - 5) _____ Other: _____
10. With whom do you live? (Check all that apply)
 - 1) _____ Alone
 - 2) _____ Spouse/significant other
 - 3) _____ Child/children
 - 4) _____ Other relative(s)
 - 5) _____ Group setting
 - 6) _____ Personal care attendant
 - 7) _____ Other: _____
11. Where do you live?
 - 1) _____ Private home
 - 2) _____ Private apartment
 - 3) _____ Rented room
 - 4) _____ Board and care/assisted living/group home
 - 5) _____ Homeless (with or without shelter)
 - 6) _____ Long-term care facility (nursing home)
 - 7) _____ Hospice
 - 8) _____ Other

OPTIMAL INSTRUMENT

Difficulty–Baseline

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. Standing	1	2	3	4	5	9
10. Walking–short distance	1	2	3	4	5	9
11. Walking–long distance	1	2	3	4	5	9
12. Walking–outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9

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 any difficulty, you would choose: 1. 13 2. 8 3. 14)

1. ____ 2. ____ 3. ____

24. From the above list of three activities, choose the primary activity 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* without any difficulty, you would choose: Primary goal, 13)

Primary goal. ____

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Confidence–Baseline

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. Standing	1	2	3	4	5	9
10. Walking–short distance	1	2	3	4	5	9
11. Walking–long distance	1	2	3	4	5	9
12. Walking–outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9

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