

DC Patient Outcomes Form (version 1.1)

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PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: • First Name Last Name Excellent Very good Good Fair Poor 1. In general, would you say your health is 0 0 0 The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? 2. Moderate activities, such as moving a table, Yes, limited a lot Yes, limited a little No, not limited at all pushing a vacuum cleaner, bowling, or playing golf 0 0 3. Climbing several flights of stairs 0 During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Some of the time All of Most of A little of None of the time the time the time the time 4. Accomplished less than you would like 0 0 0 0 0 0 0 O O **5**. Were limited in the kind of work or other activities During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Some of All of Most of A little of None of the time the time the time the time the time 6. Accomplished less than you would like 0 0 0 0 0 7. Did work or other activities less carefully than usual O O O O 8. During the past week, how much did pain interfere with your Not at all A little bit Moderately Quite a bit Extremely normal work (including work outside the home and housework)? 0 These questions are about how you feel and how things have been with you during the past week. For each question, please give the one answer that comes closest to the way you have been feeling. All of Most of Some of A little of None of How much of the time during the past week... the time the time the time the time the time 9. Have you felt calm and peaceful? 0 0 0 O 0 **10**. Did you have a lot of energy? 0 0 0 0 0 11. Have you felt downhearted and depressed? 0 0 0 0 0 12. During the past week, how much of the time has your All of Most of Some of A little of None of physical health or emotional problems interfered with your the time the time the time the time the time social activities (like visiting friends, relatives, etc.)? 0 0 0 0 0 How would you rate the severity of your main problem on a scale from 0 (not severe) to 10 (worst imaginable)? 8 Worst imaginable Not severe 0 2 3 4 5 6 7 9 10 **13**. Right now 0 0 0 0 0 0 0 0 0 0 0 14. On average 0 0 0 0 0 0 0 0 0 0 0 15. At its best 0 O 0 0 0 0 0 0 0 0 0 0 0 **16**. At its worst \circ 0 0 0 0 0 0 \circ \circ 45804 Service Date: