

Patient Name: \_\_\_\_\_

## MEDICARE OPTIMAL INSTRUMENT

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### DIFFICULTY – BASELINE

### CONFIDENCE – BASELINE

Instructions: Please circle the level of difficulty and confidence 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	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	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9	1	2	3	4	5	9
3. Moving–lying to sitting	1	2	3	4	5	9	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9	1	2	3	4	5	9
9. Walking–short distance	1	2	3	4	5	9	1	2	3	4	5	9
10. Walking–long distance	1	2	3	4	5	9	1	2	3	4	5	9
11. Walking–outdoors	1	2	3	4	5	9	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9	1	2	3	4	5	9
15. Running	1	2	3	4	5	9	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9	1	2	3	4	5	9

Total: \_\_\_\_\_

Total: \_\_\_\_\_

From the Optimal Instrument 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. **12** 2. **8** 3. **13**

1. _____	2. _____	3. _____
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