



Patient Name: _____

Date: _____

PATIENT SELF-ASSESSMENT

By placing a check in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g. work, housework, family, leisure activities)

- I have no problems with doing my usual activities
- I have some problems with doing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain and/or discomfort
- I have mild pain and/or discomfort
- I have moderate pain and/or discomfort
- I have severe pain and/or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Please draw a single circle or mark on the scale on the right (from 0 to 100) to demonstrate how you feel your overall health is today.

