

Optimal Instrument Difficulty

Name:	DOB: Date:					
List 3 activities you would most like to be able to do without any difficulty, making the first one your PRIMARY GOAL: Choose the level of difficulty at which you are able to do each activity today:						
Lying flat	0	0	0			(o points eacily
Rolling over	0	0	0	0		\cap
Moving: lying to sitting		0	0	0		
Walking between rooms	O	0	0	0	0	
Sitting	O	0	O	0	0	O
Squatting	0	0	0	0	0	0
Bending/stooping	0	0	O	O		
Balancing	O	0	0	0	0	\circ
Kneeling	0	O	O	O	0	0
Standing	0	0	0	0	0	0
Walking: short distance	0	0	0	0		
Walking: long distance	O	0	0	0	0	\circ
Walking: outdoors	0	O	0			
Climbing stairs	0	0	0	0	\cap	\circ
Hopping	0	0	O	O	0	
Jumping	0	0	0	0	0	0
Running		0	0	O		
Pushing	0	0	0	0	Ο	\circ
Pulling	0	0	0	O		
Reaching	0	0	0	0	0	0
Grasping		0	O	O	0	
Lifting	0	0	0	0	0	0
Carrying	0	O	0	O	0	

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SCORE: _____