

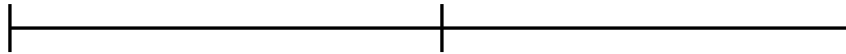
## Pre-Optimal Instrument

### Difficulty

### Confidence

| Instructions: Please circle level of difficulty/ 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              |

22. Thinking about all of the activities you would like to do, please mark an “X” at the point on the line that the best describes your overall level of difficulty with these activities today.

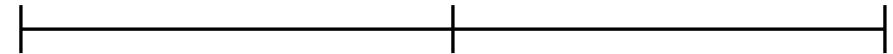


I have extreme *difficulty* doing any of the activities that I would like to do.

I have *no difficulty* doing any of the activities that I would like to do.

24. 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. 12 2. 8 3. 13)      1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

23. Thinking about all of the activities you would like to do, please mark an “X” at the point on the line that the best describes your overall level of confidence with these activities today.



I have *no confidence* that I can do activities that I would want to do.

I have complete confidence that I can do activities that I would want to do

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\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date