Patient Signature: _____

Score: _____

Physical Function – Short Form 6b

Please respond to each question or statement by marking one box per row.

		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA11	Are you able to do chores such as vacuuming or yard work?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PFA21	Are you able to go up and down stairs at a normal pace?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PFA23	Are you able to go for a walk of at least 15 minutes?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PFA53	Are you able to run errands and shop?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
		Not at all	**Very little**	**Somewhat**	**Quite a lot**	**Cannot do**
PFC12	Does your health now limit you in doing two hours of physical labor?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
PFB1	Does your health now limit you in doing moderate work around the house like vacuuming, sweeping floors or carrying in groceries?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Please turn over & complete the other side

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ORT

Patient Signature: _____

Score: _____

Please answer the following questions by checking one of the boxes (□Yes □No).
Choose the appropriate column based on your gender.

	Male (choose this column if you are a Male)	**Female** (Choose this column if you are Female)
Family History of Substance Abuse (Parents & Siblings)		
• Alcohol Abuse	□ Yes □ No (3)	□ Yes □ No (1)
• Illegal Drugs	□ Yes □ No (3)	□ Yes □ No (2)
• Prescription Drugs	□ Yes □ No (4)	□ Yes □ No (4)
Personal History of Substance Abuse		
• Alcohol	□ Yes □ No (3)	□ Yes □ No (3)
• Illegal Drugs	□ Yes □ No (4)	□ Yes □ No (4)
• Prescription Drugs	□ Yes □ No (5)	□ Yes □ No (5)
Age (mark Box if between 16-45)	□ Yes □ No (1)	□ Yes □ No (1)
History of Preadolescent Sexual Abuse	□ Yes □ No (0)	□ Yes □ No (3)
Psychological Disease		
• Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia	□ Yes □ No (2)	□ Yes □ No (2)
• Depression	□ Yes □ No (1)	□ Yes □ No (1)