Breast Cancer

REDCap ID _____

Visit date: _____

Visit Type: ☐ Initial visit ☐ Medial visit ☐ Final visit

Diagnostic Complexity ☐ Non-complex (Single Body Part Sprain/Strain) ☐ Complex (Multi-body part, fracture, nerve symptoms) ☐ Post surgical

Patient has had surgery for the current condition? ☐ Yes ☐ No

Please rate your current ability to do the following activities by indicating the appropriate response. Right now, can you.....?

	Yes, no difficulty	Yes, but I am slightly limited	Yes, but I am moderately limited	Yes, but I am severely limited	No, not able, not allowed
1. Place items in overhead cabinets	☐	☐	☐	☐	☐
2. Fasten your bra in the back	☐	☐	☐	☐	☐
3. Lift a gallon of milk and get it on the top shelf of the refrigerator	☐	☐	☐	☐	☐
4. Push a vacuum cleaner	☐	☐	☐	☐	☐
5. Carry a bag of groceries	☐	☐	☐	☐	☐
6. Push or pull an object such as a shopping cart or open a heavy door	☐	☐	☐	☐	☐
7. Grasp and hold a coffee cup, steering wheel or doorknob	☐	☐	☐	☐	☐
8. Work with your fingers to button a shirt or type on a computer	☐	☐	☐	☐	☐

	No swelling	Yes, slight swelling	Yes, moderate swelling	Yes, severe swelling
9. Do you have any trouble with swelling of your arm or hand	☐	☐	☐	☐

10. What is your pain level today?

	0	1	2	3	4	5	6	7	8	9	10
0 = no pain ? 10 = extreme pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please stop here and return the tablet or form to staff member.

Breat Cancer Score ___(%) disability _____

G Code:
_CH_

G Code:
_CI_

G Code:
_CJ_

G Code:
_CK_

G Code:
_CL_

G Code:
_CM_

G Code:
_CN_