General Functional Scale

REDCap ID _____

Visit date: _____

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

Diagnostic Category

☐ ABI
☐ Amputation
☐ Breast Cancer
☐ Chronic Pain
☐ Elbow
☐ Foot/Ankle
☐ Gait/Balance
☐ Headache
☐ Hand/Wrist
☐ Hip
☐ Knee
☐ LE Lymphedema
☐ Low Back
☐ Lower Extremity
☐ Midback
☐ Neck
☐ Other Neuro
☐ Parkinsons
☐ Pediatric Other
☐ Pediatric/CP
☐ Pulmonary
☐ SCI
☐ Shoulder
☐ Speech
☐ Stroke
☐ Vestibular

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

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Answer the following questions based on your current abilities. Select "Not Applicable" if your condition does not affect a particular category. At this time:

	No Difficulty	Slightly Limited	Moderately Limited	Severely Limited	Unable	Not Applicable
1. I can perform my usual occupation (work, school, home).	☐	☐	☐	☐	☐	☐
2. I can participate in recreation / sports.	☐	☐	☐	☐	☐	☐
3. I can perform household duties.	☐	☐	☐	☐	☐	☐
4. I can perform grooming / dressing (upper body).	☐	☐	☐	☐	☐	☐

5. I can walk (lower body movement).	☐	☐	☐	☐	☐	☐
6. I can turn a key or hold onto a fork / spoon.	☐	☐	☐	☐	☐	☐
7. My activity is affected by level of symptoms (pain, swelling, stiffness).	☐	☐	☐	☐	☐	☐

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

General Score ___(%) disability _____

G Code:
_CH_

G Code:
_CI_

G Code:
_CJ_

G Code:
_CK_

G Code:
_CL_

G Code:
_CM_

G Code:
_CN_