

pirATE clinic Return Patient Status Questionnaire

1. Please rate your current pain level (circle one number)

No pain

0	1	2	3	4	5	6	7	8	9	10
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 Worst imaginable pain

2. What is the overall condition of your injury from the time that treatment began until now?

Choose only one answer. (*Global Rating of Change*)

- A very great deal worse

- A great deal worse

- Quite a bit worse

- Moderately worse

- Somewhat worse

- A little worse

- A tiny bit worse (almost the same)

- About the same

- A tiny bit better (almost the same)

- A little bit better

- Somewhat better

- Moderately better

- Quite a bit better

- A great deal better

- A very great deal better

3. On a scale of 0 to 100, my injured body part is _____ out of 100. (*Global Rating of Function*)

4. How much has your injury affected your normal daily activities using your injured body part in the past week? Choose only one answer.

- No difficulty, has not affected my daily activities

- Very mild difficulty with my daily activities

- Mild difficulty with my daily activities

- Moderate difficulty with my daily activities

- Severe difficulty with my daily activities

- Very severe difficulty with my daily activities

- Cannot perform any of my daily activities

5. If you did not come to seek care from me today, what would you have done? Choose only one answer.

- Nothing. I do not have access to other healthcare providers.

- Probably nothing. The injury/condition is not severe enough for me to seek care.

- I would have gone to another healthcare provider (eg, primary care physician) to seek out care

- I would have gone to the emergency room to seek out care
