

Name: _____

Date: _____

Please draw a mark on each line below to indicate your level of ability with each of the following activities in the past 7 days:



		Evaluation by the doctor
1	<p>Putting on your socks or tights without help or aids (e.g. sock aid)</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
2	<p>Bending forward from the waist to pick up a pen from the floor without an aid</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
3	<p>Reaching up to a high shelf without help or aids (e.g. helping hand)</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
4	<p>Getting up out of an armless dining room chair without using your hands or any other help</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
5	<p>Getting up off the floor without help from lying on your back</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
6	<p>Standing unsupported for 10 minutes without discomfort</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
7	<p>Climbing 12–15 steps without using a handrail or walking aid, one foot on each step</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
8	<p>Looking over your shoulder without turning your body</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
9	<p>Doing physically demanding activities (e.g. physiotherapy exercises, gardening or sports)</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>
10	<p>Doing a full day's activities whether it be at home or at work</p> <p>easy 0 1 2 3 4 5 6 7 8 9 10 impossible</p>	<input type="text"/>

BASFI =
 (sum of answers 1 to 10 divided by 10)