

ACUTE VERSION

NAME: _____

DATE: _____

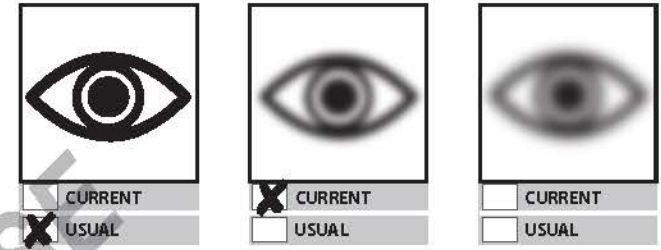
Instructions: This scale is intended to assess your CURRENT and USUAL states in different categories using pictures ordered from best to worst.

For each category, choose ONE picture that is closest to your CURRENT state.

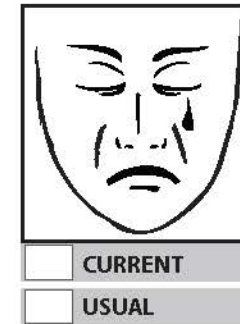
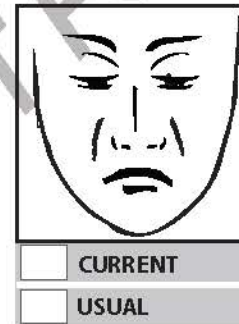
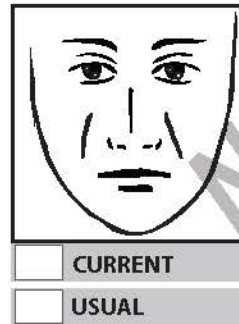
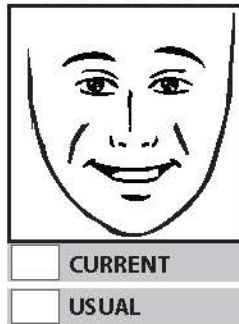
Mark below that picture (first row). Next, choose ONE picture that is closest to your USUAL state. Mark below that picture (second row). There is no right or wrong answer.

Example: If your CURRENT vision is closest to the second picture and your USUAL vision is closest to the first picture, mark as shown.

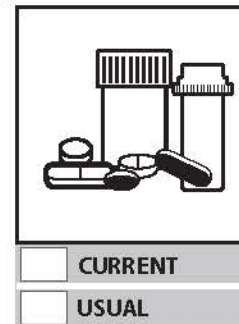
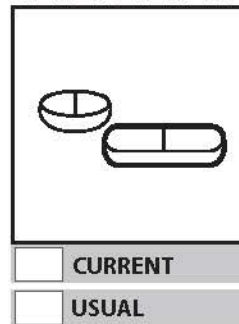
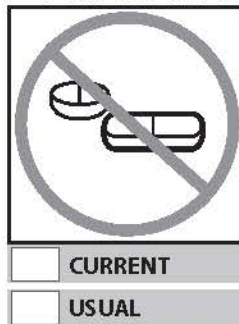
If your current and usual state are the same, both marks will be under the same picture.



1 MOOD









2 NUMBER OF MEDICATIONS









For each category, mark **ONE BOX** for your **CURRENT** state and **ONE BOX** for your **USUAL** state.







3 MOBILITY

					
<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL

4 FUNCTION

					
<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL

5 BALANCE

			
<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL	<input type="checkbox"/> CURRENT <input type="checkbox"/> USUAL

For each category, mark **ONE BOX** for your **CURRENT** state and **ONE BOX** for your **USUAL** state.



6 SOCIAL CONNECTIONS



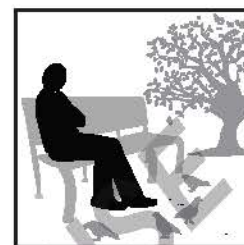
CURRENT
 USUAL



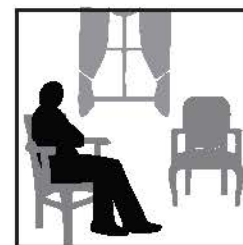
CURRENT
 USUAL



CURRENT
 USUAL



CURRENT
 USUAL



CURRENT
 USUAL

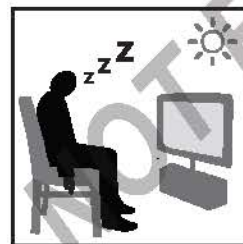
7 DAYTIME TIREDNESS



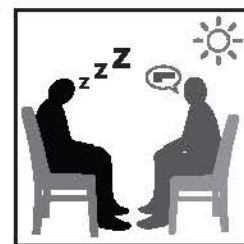
CURRENT
 USUAL



CURRENT
 USUAL



CURRENT
 USUAL



CURRENT
 USUAL



CURRENT
 USUAL

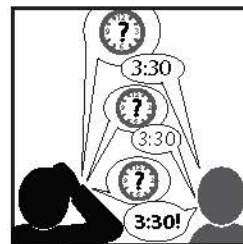
8 MEMORY AND THINKING



CURRENT
 USUAL



CURRENT
 USUAL



CURRENT
 USUAL



CURRENT
 USUAL

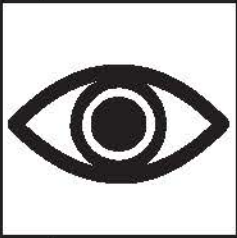
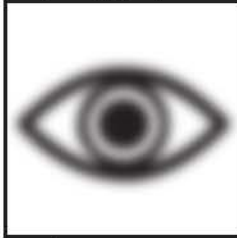
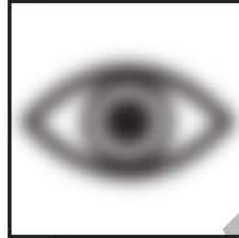


CURRENT
 USUAL


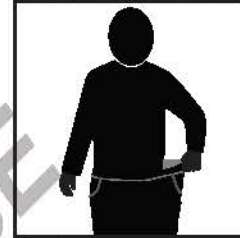

For each category, mark **ONE BOX** for your **CURRENT** state and **ONE BOX** for your **USUAL** state.






9 VISION (WITH GLASSES IF NEEDED)

		
<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT
<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL

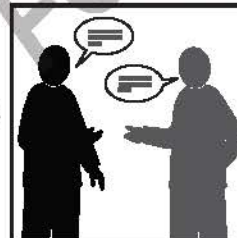


12 UNINTENTIONAL WEIGHT-LOSS

		
<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT
<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL

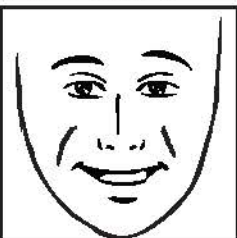


10 HEARING (WITH HEARING AID IF NEEDED)

		
<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT
<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL




13 AGGRESSION

		
<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT
<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL

11 PAIN

		
<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT
<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL

14 BLADDER CONTROL

		
<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT	<input type="checkbox"/> CURRENT
<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL	<input type="checkbox"/> USUAL

PREVIEW NOT FOR USE