

FixDT

Centre ID:

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Participant ID:

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## 6 Month Questionnaire

Please read the instructions carefully before completing the questionnaire

Please do not sign this form or add your name.

Please follow the instructions for each section carefully.

Please answer ALL the questions. Although it may seem that the questions are asked more than once, it is still important that you answer every one.

Please use a BLACK or BLUE pen. Please do not use a pencil.

Please check that you have completed all sections.

Please write any notes you have for us on the back page.

For assistance, or if you are unsure how to proceed, please contact  
the FixDT Team on: [REDACTED]



What is the date you are completing this form:

 d  d m  m  m y  y  y  y**Section 1—Disability Rating Index**

How do you manage the following activities?  
After each question, please mark ONE POINT on the line

Please answer ALL questions

Without difficulty	Not at all
↓	↓
_____	
With some difficulty - With difficulty - With great difficulty	

		Office use:
Dressing (without help)	_____	<input type="text"/>
Out-door walks	_____	<input type="text"/>
Climbing stairs	_____	<input type="text"/>
Sitting longer time	_____	<input type="text"/>
Standing bent over a sink	_____	<input type="text"/>
Carrying a bag	_____	<input type="text"/>
Making a bed	_____	<input type="text"/>
Running	_____	<input type="text"/>
Light work	_____	<input type="text"/>
Heavy work	_____	<input type="text"/>
Lifting heavy objects	_____	<input type="text"/>
Participating in exercise/sports	_____	<input type="text"/>
		<input type="text"/>