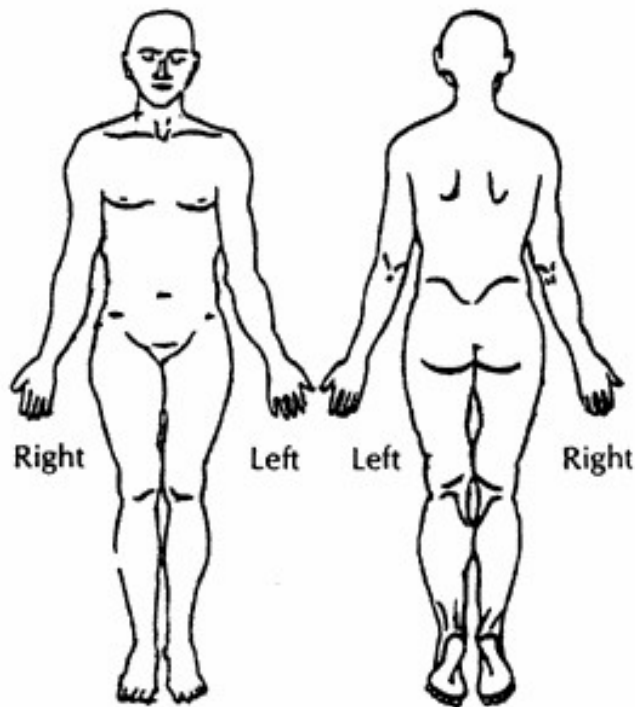




Dance Functional Outcome Survey

Today's Date _____

Please indicate where you have pain by drawing the letter abbreviations in the locations that most accurately reflect your type of discomfort.



Tingling=T	Dull Pain=D	Sharp Pain=P	Burning=B	Stiffness=S	Numbness=N
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Please complete questionnaire on the other side →

Dance Functional Outcome Survey

Please answer every section, and mark in each section the one statement which most applies to you. We realize that two statements in any one section may relate to you, but just mark the one which most closely describes your level now. These questions are based only on what **you** can do at this time. Do not compare yourself to other dancers. If a section is not applicable, please skip it.

<p><u>ACTIVITES OF DAILY LIVING</u></p> <p>1. Overall Activity Level</p> <p><input type="checkbox"/> I have no limitations. I am able to do everything, including strenuous dancing and exercise.</p> <p><input type="checkbox"/> I can dance, but at a lower level. I must guard myself and limit the amount of heavy dancing.</p> <p><input type="checkbox"/> Light dancing is possible with occasional problems. I must avoid certain movements.</p> <p><input type="checkbox"/> No dancing is possible. Daily activities are possible with occasional problems.</p> <p><input type="checkbox"/> Daily activities cause moderate problems.</p> <p><input type="checkbox"/> Daily activities cause severe problems.</p>	<p>5. Stability and Symptoms</p> <p><input type="checkbox"/> I can do everything without symptoms of: giving out, locking, catching, grinding, or feeling weak.</p> <p><input type="checkbox"/> I only have symptoms of (giving out, locking, catching, grinding, or feeling weak) with strenuous dancing or exercise.</p> <p><input type="checkbox"/> I only have symptoms of (giving out, locking, catching, grinding, or feeling weak) with moderate dancing; it limits any vigorous activities.</p> <p><input type="checkbox"/> Because I have symptoms of (giving out, locking, catching, grinding, or feeling weak) with light dancing; it limits almost all of my dancing. I occasionally have symptoms with walking or light household work.</p> <p><input type="checkbox"/> I have symptoms frequently with simple activities such as walking. I must guard my injury at all times.</p> <p><input type="checkbox"/> I have severe problems with symptoms of (giving out, locking, catching, grinding, or feeling weak). I can't do much of anything without having symptoms.</p>
<p>2. Movement Quality</p> <p><input type="checkbox"/> I feel confident that I can perform at the same level and quality as prior to my injury. I am able to articulate my limbs with 100% certainty or clarity.</p> <p><input type="checkbox"/> I feel confident that I am almost at the same level and quality of performance as prior to my injury. I am able to articulate my limbs with 80% certainty or clarity.</p> <p><input type="checkbox"/> I am improving, but have a ways to go before I am back to the level and quality I was prior to my injury. I am able to articulate my limbs with 60% certainty or clarity.</p> <p><input type="checkbox"/> I am improving, but can only control my movement quality some of the time. I am able to articulate my limbs with 40% certainty or clarity.</p> <p><input type="checkbox"/> I am improving, but only beginning to focus on movement quality. I am able to articulate my limbs with 20% certainty or clarity.</p> <p><input type="checkbox"/> I am improving, but working on basics and not able to focus on quality at this time.</p>	<p>6. Pain</p> <p><input type="checkbox"/> I have no pain.</p> <p><input type="checkbox"/> I have occasional pain with strenuous dance or exercise. I don't think that things are entirely back to normal. Limitations are mild and tolerable, if I am careful.</p> <p><input type="checkbox"/> There is occasional pain with moderate dancing or light exercise.</p> <p><input type="checkbox"/> I have pain with dancing, exercise, or light recreational activities. Occasional pain is brought on by daily activities.</p> <p><input type="checkbox"/> Pain is a significant problem with activities as simple as walking. The pain is relieved by rest. I can't participate in dancing or exercise.</p> <p><input type="checkbox"/> I have pain at all times, even during walking, standing, or light household work.</p>
<p>3. Walking</p> <p><input type="checkbox"/> Normal and unlimited, including hills.</p> <p><input type="checkbox"/> Slight problems, relatively limited distances.</p> <p><input type="checkbox"/> Mild problems, most surfaces, up to ½ mile or 10 blocks.</p> <p><input type="checkbox"/> Moderate problems, flat surfaces, no more than ¼ mile or 5 blocks.</p> <p><input type="checkbox"/> Severe problems, only 1/8 mile or 2-3 blocks.</p> <p><input type="checkbox"/> Severe problems, need cane or crutches.</p>	<p><u>TECHNIQUE</u></p> <p>7. Plié</p> <p><input type="checkbox"/> Able to fully perform grand plié in all positions, including 4th and 5th.</p> <p><input type="checkbox"/> Able to perform grand plié in the 1st and 2nd positions only.</p> <p><input type="checkbox"/> Able to perform grand plié in 2nd position only.</p> <p><input type="checkbox"/> Cannot grand plié, but can demi-plié in all positions.</p> <p><input type="checkbox"/> Have some difficulty with demi-plié.</p> <p><input type="checkbox"/> Cannot demi-plié.</p>
<p>4. Stairs</p> <p><input type="checkbox"/> Normal, unlimited up and down stairs.</p> <p><input type="checkbox"/> Slight problems, need to be careful, particularly (circle one) <u>up</u> or <u>down</u> stairs.</p> <p><input type="checkbox"/> Mild problems, have to go slowly, particularly (circle one) <u>up</u> or <u>down</u> stairs.</p> <p><input type="checkbox"/> Moderate problems, only 10-15 steps possible, particularly (circle one) <u>up</u> or <u>down</u> stairs.</p> <p><input type="checkbox"/> Severe problems, require a banister for support, particularly (circle one) <u>up</u> or <u>down</u> stairs.</p> <p><input type="checkbox"/> Severe problems, only 0-5 steps with support, especially (circle one) <u>up</u> or <u>down</u> stairs.</p>	<p>8. Développé</p> <p><input type="checkbox"/> I am able to fully perform all parts of développé to the front or side without a problem.</p> <p><input type="checkbox"/> I have slight problems performing développé to the front or side.</p> <p><input type="checkbox"/> I have mild problems extending my leg in développé to the front or side, and must développé at a lower height.</p> <p><input type="checkbox"/> I have moderate problems extending my leg in développé to the front or side must mark it, but I can fully passé.</p> <p><input type="checkbox"/> I do not développé to the front or side at all, but can do a full passé.</p> <p><input type="checkbox"/> I cannot perform a full passé.</p>

Continued on next page →

<p>9. Relevé Balance <i>(If you do pointe work, indicate whether you can perform the indicated level on pointe)</i></p> <p><input type="checkbox"/> Able to attain and maintain my balance in relevé/pointe on the involved side without a problem.</p> <p><input type="checkbox"/> Able to attain and maintain my balance in relevé/pointe on the involved side with only slight problems.</p> <p><input type="checkbox"/> Able to attain and maintain my balance in relevé/pointe on the involved side with moderate difficulty.</p> <p><input type="checkbox"/> Able to relevé, but can't maintain the balance on the involved side without barre assistance.</p> <p><input type="checkbox"/> Able to maintain my balance on flat foot, but cannot balance in relevé.</p> <p><input type="checkbox"/> Cannot relevé or maintain my balance on the involved side on flat foot.</p>	<p>12. Turning</p> <p><input type="checkbox"/> Able to fully perform unlimited turns of all kinds, on either leg (to the extend you were able prior to injury).</p> <p><input type="checkbox"/> Able to perform, but not quite fully, turns of all kinds, on either leg (to the extend you were able prior to your injury)</p> <p><input type="checkbox"/> Able to perform, with slight problems, turns of most kinds, on either leg. I have to be careful about placement.</p> <p><input type="checkbox"/> I have moderate problems with turning. I am able to do single inside and outside turns on the involved side.</p> <p><input type="checkbox"/> Severe problems, no turning. I only do turn preparation and balance in relevé on the involved side.</p> <p><input type="checkbox"/> Severe problems, unable to balance on the involved side.</p>
<p>10. Rond de Jambe</p> <p><input type="checkbox"/> Able to fully perform as much and as often as required, at 90°: grand rond de jambe en l'aire à la seconde (rotational movements of the leg in the air).</p> <p><input type="checkbox"/> Able to perform at reduced speed: rond de jambe en l'aire à la seconde (rotational movements of the leg in the air).</p> <p><input type="checkbox"/> Able to perform with mild problems, such as reduced number and speed: rond de jambe en l'aire à la seconde (rotational movements of the leg in the air).</p> <p><input type="checkbox"/> Able to perform with moderate problems, such as reduced speed, number, and height (at 45°): rond de jambe en l'aire à la seconde (rotational movements of the leg in the air).</p> <p><input type="checkbox"/> I mark or avoid all rond de jambe en l'aire type movements (rotational movements of the leg in the air)</p> <p><input type="checkbox"/> I am unable to perform rond de jambe en l'aire à la seconde (rotational movements of the leg in the air) at all.</p>	<p>13. Jumping</p> <p><input type="checkbox"/> Able to fully perform everything: all grand and petit allegro (big and small jumping) combinations, including beats (to the extent you were able to prior to your injury). Take-off power is normal and unlimited. Able to maintain my balance when landing from a jump or hop.</p> <p><input type="checkbox"/> Able to perform, but not quite fully, grand and petit allegro (big and small jumping) combinations, including beats (to the extent you were able to prior to your injury). Take-off power and ability to maintain my balance when landing is pretty good.</p> <p><input type="checkbox"/> Able to perform with slight problems and some guarding: grand and petit allegro, and balance when landing from jumps and hops. I avoid most difficult jumps. Unable to do repeated jumps.</p> <p><input type="checkbox"/> I have moderate problems with jumping. I am only doing simple jumps in the center.</p> <p><input type="checkbox"/> Severe problems, affects all jumping in center floor. Can only do simple jumps at the barre.</p> <p><input type="checkbox"/> Severe problems, no jumping activity possible.</p>
<p>11. Kneeling/Floorwork</p> <p><input type="checkbox"/> Able to fully perform floorwork or kneeling activities, without limitations.</p> <p><input type="checkbox"/> Able to perform floorwork or kneeling activities, with mild limitations.</p> <p><input type="checkbox"/> Able to perform floorwork or kneeling activities, with moderate limitations.</p> <p><input type="checkbox"/> Able to perform floorwork or kneeling activities, with more moderate limitations: may requires less repetitions or slight modification.</p> <p><input type="checkbox"/> Severe problems, require support or modification.</p> <p><input type="checkbox"/> Severe problems, unable to do.</p>	<p>14. Grand Allegro/Across the Floor/Traveling/Running</p> <p><input type="checkbox"/> Able to fully perform all traveling combinations (change of direction, pivots, quick stops and starts, or run) at full speed.</p> <p><input type="checkbox"/> Able to perform, but not quite fully, all traveling combinations (change of direction, pivots, quick stops and starts, or run).</p> <p><input type="checkbox"/> Able to perform, with slight problems, traveling combinations (change of direction, pivots, quick stops and starts, or run) at reduced speed.</p> <p><input type="checkbox"/> I have moderate problems, and must move slowly and carefully in traveling combinations (change of direction, pivots, quick stops and starts, or run).</p> <p><input type="checkbox"/> I have severe problems, and must avoid most traveling combinations. I stick to barre and adagio (or center floor).</p> <p><input type="checkbox"/> I avoid all traveling combinations.</p>

FOR STAFF ONLY: Scoring Instructions

A. ADL	Maximum Score	Patient's Scores	<p>Total Score= $\frac{\text{Patient Score}}{\text{Maximum Score}} \times 100 = \text{ ______ \% ability}$</p> <p>100% - ______ \% ability = ______ \% disability</p> <p><i>*If a question is unanswered, take a ratio of answered questions.</i></p> <p><u>Last question (optional):</u> As a healthy dancer, or compared to before my injury, if I had to give my dancing performance a grade from 0 to 100, with 0 being the worst and 100 being the best, I would give myself a ______.</p> <p>Source: Bronner S, Chodock E, Reis Urbano IE, Smith T. Psychometric Properties of the Dance Functional Outcome Survey (DFOS): Reliability, Validity, and Responsiveness. 2019. JOSPT; 49(2): 64-79.</p>
1. Overall Activity	10		
2. Movement Quality	10		
3. Walking	5		
4. Stairs	5		
5. Stability and Symptoms	5		
6. Pain	5		
B. Technique			
7. Plié	5		
8. Développé	5		
9. Relevé Balance	5		
10. Rond de jambe	5		
11. Kneeling/Floorwork	5		
12. Turning	5		
13. Jumping	10		
14. Grand Allegro/Across the Floor/Traveling/Running	10		
TOTAL	90		

