



## WHO PATIENT PERFORMANCE STATUS KEY

<b>0</b>	Fully active, able to carry on all pre-disease performance without restriction
<b>1</b>	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work.
<b>2</b>	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours.
<b>3</b>	Capable of only limited self-care. Confined to bed or chair >50% of waking hours.
<b>4</b>	Completely disabled. Cannot care out any self-care. Totally confined to bed or chair.

## FOR HOSPITAL USE ONLY

Date referral received:	__/__/____	If 1 <sup>st</sup> appointment date not accepted, give reason/s:
1 <sup>st</sup> appointment date offered:	__/__/____	
2 <sup>nd</sup> appointment date offered:	__/__/____	