

Patient Specific Functional and Pain Scales (PSFS)

Name: _____

Date: _____

Clinician Instructions: Have patient complete after the history and before the exam

Initial Assessment:

We want to know what 3 activities in your life you are unable to perform, or are having the most difficulty performing, as a result of your chief problem. Please list and score at least 3 activities that you are unable to perform, or are having the most difficulty performing, because of your chief problem

Follow Up Assessment:

When you were assessed on _____, you told us you had difficulty with the activities in the table below. Please score these activities that you told us previously you were unable to perform or were having difficulty performing because of your chief problem.

Scoring: Please score one number for each activity and for each date in the table below:

Unable to Perform Activity	0	1	2	3	4	5	6	7	8	9	Able to Perform Activity At Same Level As Before Injury/Problem	10
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Activity	Date:	Date:	Date:	Date:	Date:
1.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
2.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
3.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
4.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
5.	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>	<u>Score (0-10)</u>
Totals:					

Source: Straford P, Gill C, Westaway M, Binkley J. Assessing disability and change on individual patients: A report of a patient specific measure. Physiother Can 1995; 47:258-263.