

Name: _____

File # _____
Date: _____

Patient-Specific Functional Scale (PSFS)

Read at Initial Assessment

I'm going to ask you to identify **3 to 5 important activities** that you are unable to do or are having difficulties with as a result of your

injury. Today, are there any activities that you are unable to do or have difficulties with because of your injury? (Clinical, show scale). Please include at least two work-related tasks.

Read at Follow-up Visits

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list one at a time).

Today, do you still have difficulty with: (read and have patient score each item in the list)?

Patient-specific activity scoring scheme (Point to number):

0 1 2 3 4 5 6 7 8 9 10

Unable to perform activity

Able to perform activity at same level as before injury

Patient-Specific Functional Scale (PSFS)

Functional Activity:	Date:	Score:
1.		
2.		
3.		
4.		
5.		