

Name: _____

Date: _____

Patient-Specific Functional Scale

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.

Patient-specific activity scoring scheme (Point to one number)										
0	1	2	3	4	5	6	7	8	9	10
Unable to perform activity								Able to perform activity at the same level as before injury or problem		

Activity	Initial				
1					
2					
3					
4					
5					
Additional					
Additional					
Average Score:					

Score: _____