

Patient-Specific Functional Scale

Patient Signature: _____ Date: _____

Instructions:

Please list 3 activities that you are **UNABLE** to do or have moderate to extreme difficulty doing as a result of your injury or pain level For each of the activities that you list, **RATE** the level of difficulty you have performing each activity using 0-10 scale listed below. On the 0-10 scale, the **HIGHER** the number, the **EASIER** you can perform the activity. The **LOWER** the number, the more **DIFFICULTY** you have.

(Example: Dressing, sleeping, work duties, climbing stairs, etc.)

Patient-specific activity scoring scheme (Pick one number):

**0=Unable to perform activity 10 = Able to perform activity
at same level as before injury
or problem**

Activity	0	1	2	3	4	5	6	7	8	9	10
1.											
2.											
3.											

(Therapist will score)

Total score=sum of the activity scores/number of activities **Minimum detectable change (90%CI) for average score = 2 points Minimum detectable change (90%CI) for single activity score<3 points**

PSFS developed by: Stratford, P., Gill, C, Westaway, M., & Binkley, J. (1995). Assessing disability and change on the individual patients: a report of a patient specific measure. *Physiotherapy Canada*, 47,258-263.

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