

Patient Name:

Date:

Patient-Specific Functional Scale (PSFS)

Please list at least 3 different activities that you are having difficulty with as a result of your injury/need for physical therapy. Today are there any activities you are unable to do or having difficulty with as a result of your injury/need for physical therapy?

As you list these activities, please rate the difficulty associated with these activities based on the following scale:

Patient-specific activity scoring scheme (Please choose one number per activity):

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 1: _____

Today's rating: _____

Activity 2: _____

Today's rating: _____

Activity 3: _____

Today's rating: _____