

PATIENT-SPECIFIC FUNCTIONAL SCALE (PSFS)



Patient Name: _____

Date: _____

INSTRUCTIONS

Clinician to read and fill in below: Complete at the end of the history and prior to physical examination.

Initial Assessment:

I am going to ask you to identify up to three important activities that you are unable to do or are having difficulty with as a result of your _____ problem. Today, are there any activities that you are unable to do or having difficulty with because of your _____ problem? (Clinician: show scale to patient and have the patient rate each activity).

Follow-up Assessments:

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list 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 ONE NUMBER):

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Unable to perform activity

Able to perform at the same level as before injury or problem

ACTIVITY	INITIAL					
1.						
2.						
3.						
4.						
5.						
Additional						
Additional						

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



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