

Name: _____ Date: _____

Patient-Specific Functional Scale

This useful questionnaire can be used to help us tailor your care to your specific needs.

Please identify at least three important activities that you are unable to do OR are having difficulty with as a result of your problem. Write the activities you are unable to do OR are having difficulty with in the box below. Then use the scoring scale below to rate your ability to perform the activities you are having difficulty with.

Patient-Specific Activity Scoring Scale

(Unable to perform activity) 0 1 2 3 4 5 6 7 8 9 10 (Able to perform activity at the same level as before the injury/problem)

	Initial Date	Date	Date	Date	Date
Activity	01/01/01				
Ex. Getting into the car	7				
Ex. Trouble sleeping	9				
Ex. Bending, reaching	5				



For Patient Use:

	Dates:				
Activity			Score	Score	Score
1.)					
2.)					
3.)					
4.)					
Total Scores:	Score	PT Initials	Score	PT Initials	Score
	Eval		Progress Note	Progress Note	Discharge

Physical Therapist Signature and Date: _____

For office use only:

Total score = sum of 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 individual patients: a report of a patient specific measure. *Physiotherapy Canada*, 47, 258-263. Reproduced with the permission of the authors.