

**Patient Specific Functional Scale (PSFS)**

Name: \_\_\_\_\_

Please list three (3) daily/regular activities that you have difficulty performing & rate each, using the scale below:

**Patient Specific Activity Scoring**

**0                    1                    2                    3                    4                    5                    6                    7                    8                    9                    10**

Unable to perform activity at all

Able to perform activity in the same manner as before your injury or problem.

Activity	Patient Rating (0-10)	Patient Rating (0-10) (re-eval)
1.		
2.		
3.		