

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.		