

## The Patient-Specific Functional Scale

- 1) Please identify three important activities that you are unable to do or are having difficulty with as a result of your injury/problem.
- 2) Using the scoring scale below, please rate the difficulty that you have when performing each of the activities.

|      | the act    | Wities.  |       |        |           |            |          |          |   |          |                                    |  |
|------|------------|----------|-------|--------|-----------|------------|----------|----------|---|----------|------------------------------------|--|
|      |            |          |       | Patier | nt-Specif | fic Activi | ty Scori | ng Scale | • |          | '                                  |  |
|      | 0          | 1        | 2     | 3      | 4         | 5          | 6        | 7        | 8 | 9        | 10                                 |  |
| Unab | le to peri | form act | ivity |        |           |            |          |          |   | ne level | m activity<br>as before<br>problem |  |
|      |            |          | Ir    | nitial |           |            |          |          |   |          |                                    |  |

|          | Date | Follow-Up ( | Dates |  |  |
|----------|------|-------------|-------|--|--|
| Activity |      |             |       |  |  |
| 1)       |      |             |       |  |  |
| 2)       |      |             |       |  |  |
| 3)       |      |             |       |  |  |

Total Score = Sum of the activity scores/number of activities

Minimal detectable change for average score = 2 points

Minimal detectable change for a single activity score = 3 points