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

**The Patient-Specific Functional Scale (PSFS)**

This useful questionnaire can be used to quantify activity limitation and measure functional outcome for patients with any orthopedic condition.

**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?

**Follow-Up Assessments:**

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

**(0 to 5 = someone helps you. 6 to 10 = you complete activity on your own.)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **BAD**Unable to perform activity |  |  **GOOD**Able to perform activity at the same level as before |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |  |
| **Activity** | Score | Score | Score | Score | Score | Score |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

Total:

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