



Patient Specific Functional Scale

Name: _____ Date: _____

This form is to be utilized after taking the patient's history and before performing the physical examination.

Baseline Assessment: The patient identifies up to 5 activities with which he/she has difficulty or is unable to perform secondary to the condition for which he/she presents to the clinic. The patient rates the level of difficulty using one of the scales below

Follow-up Assessment: Review the activities listed in the Baseline Assessment, have the patient reassign level of difficulty under current condition.

Scoring scheme: select the best number that represents the patient's ability to perform the activity.

**Unable to perform 0 1 2 3 4 5 6 7 8 9 10 Able to perform activity at
pre-injury level**

Unable _____ No difficulty

| Activity | Date: _____ Visit #: _____ | | Date: _____ Visit #: _____ | | Date: _____ Visit #: _____ | | Date: _____ Visit #: _____ | | Date: _____ Visit #: _____ | |
|--------------|-------------------------------|-----|-------------------------------|-----|-------------------------------|-----|-------------------------------|-----|-------------------------------|-----|
| | Score | VAS | Score | VAS | Score | VAS | Score | VAS | Score | VAS |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| Total Score* | | | | | | | | | | |

* Total Score: Sum of the activity scores/number of activities

MDC (90%CI) for average score: 2 points

MDC (90%CI) for single activity score: 3 points

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| Office Use Only: Gender: M F Age: _____ PT Initials: _____ ICD-9 Code: _____ |
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