

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

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

## Patient-Specific Functional Scale

Please identify at least three important activities that you are unable to do or have difficulty doing as a result of your current problem. Write these down. Then rate your ability to do the activities in the last week by circling the appropriate number.

Activity 1: \_\_\_\_\_  
unable to perform 0 1 2 3 4 5 6 7 8 9 10 able to perform at pre-injury level

Activity 2: \_\_\_\_\_  
unable to perform 0 1 2 3 4 5 6 7 8 9 10 able to perform at pre-injury level

Activity 3: \_\_\_\_\_  
unable to perform 0 1 2 3 4 5 6 7 8 9 10 able to perform at pre-injury level

Activity 4: \_\_\_\_\_  
unable to perform 0 1 2 3 4 5 6 7 8 9 10 able to perform at pre-injury level

Activity 5: \_\_\_\_\_  
unable to perform 0 1 2 3 4 5 6 7 8 9 10 able to perform at pre-injury level

SCORE: Sum of individual #s divided by the total # of activities:

Patient-Specific Function Scale	% Patient Does	G Code
10	100%	0% impaired
9	90%	1-19% impaired
7-8	70-80%	20-39% impaired
5-6	50-60%	40-59% impaired
3-4	30-40%	60-79% impaired
1-2	10-20%	80-99% impaired
0	0%	100% impaired