

# The Patient-Specific Functional Scale

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

**Identify three activities that you are not able to do or have difficulty with as a result of your problem. How difficult is (insert activity) for you?**

**Activity #1** \_\_\_\_\_

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10  
Unable to Perform Activity  
Able to perform activity at the same level as before injury or problem

**Activity #2** \_\_\_\_\_

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10  
Unable to Perform Activity  
Able to perform activity at the same level as before injury or problem

**Activity #3** \_\_\_\_\_

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10  
Unable to Perform Activity  
Able to perform activity at the same level as before injury or problem

**Pain Limitation:** Over the past 24 hours, how much has your pain limited you from performing any of your normal daily activities?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10  
Activities severely limited  
Activities not limited

**Pain Intensity:** Over the past 24 hours, how bad has your pain been?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10  
No Pain  
Pain as bad as it can be

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_