

Patient-Specific Functional Scale

Please list up to three important activities that you have the most difficulty with as a result of the problem we are seeing you for today, and rate each using the scale below.

0 1 2 3 4 5 6 7 8 9 10

UNABLE to perform activity at the same level as before injury or problem

ACTIVITY	RATING TODAY			
1.				
2.				
3.				
	0/0	0/0	%	0/0