

## Patient-Specific Functional Scale

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

**Clinician to read and fill in.** Complete at the end of the history and prior to physical examination.

### 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? (Clinician: show scale to patient and have the patient rate each activity).

### Follow-up assessments

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list). Today, do you still have difficulty with (read and have patient score each item in the list)?

### Patient-specific activity scoring scheme (Point to one number):

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	

(Date and score)

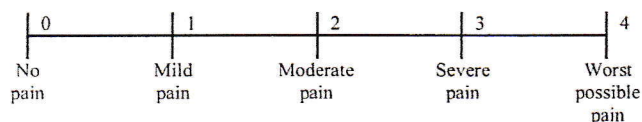
Activity	Initial					
1.						
2.						
3.						
4.						
5.						
Additional						
Additional						

# Functional Rating Index

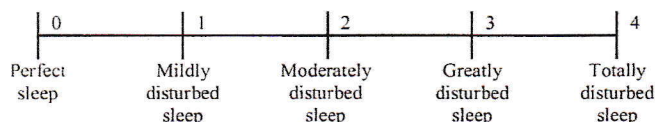
For use with Neck and/or Back Problems only.

In order to properly assess your condition, we must understand how much your **neck and/or back problems** has affected your ability to manage everyday activities. For each item below, **please circle the number which most closely describes your condition right now.**

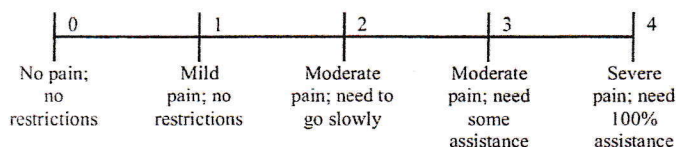
## 1. Pain Intensity



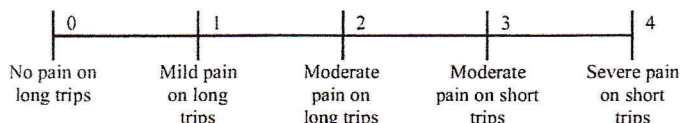
## 2. Sleeping



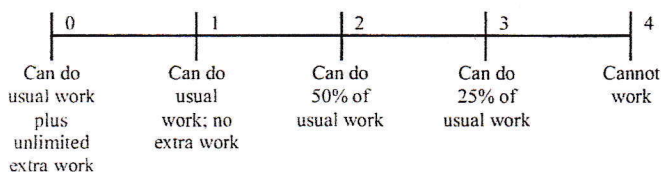
## 3. Personal Care (washing, dressing, etc.)



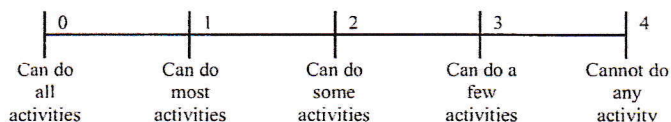
## 4. Travelling (driving, etc.)



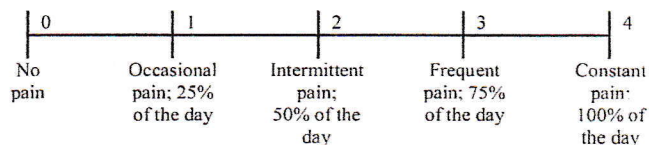
## 5. Work



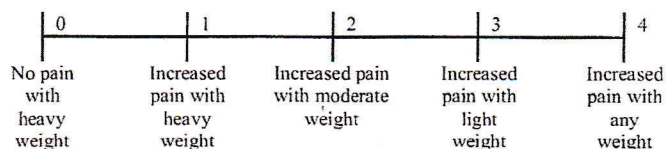
## 6. Recreation



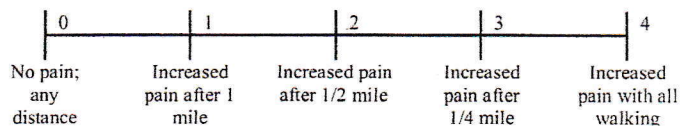
## 7. Frequency of Pain



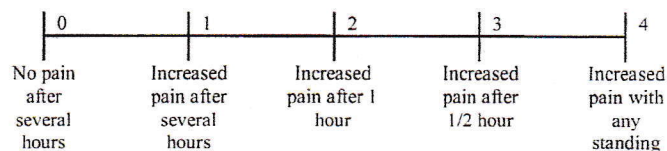
## 8. Lifting



## 9. Walking



## 10. Standing



\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Practitioner ID#: \_\_\_\_\_

Total Score \_\_\_\_\_ / 40

Clinical Diagnosis Codes: \_\_\_\_\_

Patient ID#: \_\_\_\_\_