

## Patient-Specific Functional Scale

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

Please read the following and complete:

Please identify **up to three important activities** that you are unable to do or **are having difficulty with** as a result of your current problem/diagnosis (ie. the reason your doctor has referred you to therapy). Today, are there any activities that you are unable to do or having difficulty with because of your problem/diagnosis?

Please rate each of these problems on a 0-10 scale below.

**0 = Able to perform the activity at the same level as before the injury (No issues)**

**10 = Unable to perform the activity (Cannot perform)**

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

0	1	2	3	4	5	6	7	8	9	10
No issues										Cannot Perform

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

0	1	2	3	4	5	6	7	8	9	10
No issues										Cannot Perform

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

0	1	2	3	4	5	6	7	8	9	10
No issues										Cannot Perform

MCID = 2-3 points

## 4-Item Pain Intensity Measure (P4)

On average, how bad has your pain been?

	No Pain										Pain as bad as it can be
In the <u>morning</u> over the past two days?	0	1	2	3	4	5	6	7	8	9	10
In the <u>afternoon</u> over the past two days?	0	1	2	3	4	5	6	7	8	9	10
In the <u>evening</u> over the past two days?	0	1	2	3	4	5	6	7	8	9	10
With <u>activity</u> over the past two days?	0	1	2	3	4	5	6	7	8	9	10

MDC<sub>90</sub> = 9.1 points or 22.2% of the scale range