

## The Patient-Specific Functional and Pain Scale (PSFPS)

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

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

Measuring your activity level is an important tool to help us and you to evaluate your progress.

Please list 3 everyday activities (i.e. sleeping, driving, walking) in your life that you are unable to do or have difficulty with as a result of your current injury/condition. Rate the difficulty level for each activity.

**0 does not interfere with function**

**10 completely interferes with function**

Activity

Difficulty Level

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

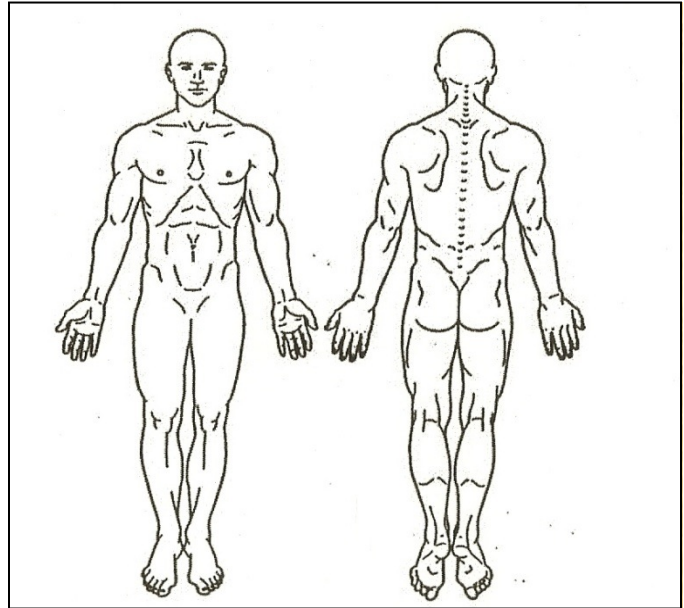
## Rechecks

In the drawing, “shade-in” the areas that correspond to where you have pain.

What was your general level of pain in the last 24 hrs \_\_ (0 = no pain / 10 = most pain)

Please list current pain medications:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



<b>Date</b>						
<b>Activity 1</b>						
<b>Activity 2</b>						
<b>Activity 3</b>						
<b>Changes in pain medication</b>						
<b>General level of pain in last 24 hours</b>						