

PSFS: Patient-Specific Functional Scale (revised)

Name: _____
 Address: _____

Date: _____
 email: _____

Please list up to 3 to 5 activities that you are unable to perform or having moderate to significant difficulty (or pain) performing.

Examples of activities: getting out of bed, lifting/carrying child or groceries, stairs climbing, sleeping, dressing, incontinence, sexual function, prolonged standing, prolonged sitting, specific work activities.

For each activity that you list, rate the level of difficulty that you are having performing each activity.

Use a “0” to “10” scale.

The HIGHER the number – the EASIER you can perform the activity.

The LOWER the number – the more DIFFICULTY you have.

Pick one number and put an “X” in the box.

_____ *Please initial here if you give us permission to contact you within 1-2 months by mail / email to have you re-complete this chart to see if you are having more or less difficulty with these activities or if there are new activities that have become difficult for you to do.*

0= Unable to perform activity

10= Able to perform activity at same level as before you were pregnant.

Activity	0	1	2	3	4	5	6	7	8	9	10
1											
2											
3											
4											
5											

Original PSFS developed by: Stratford P, Gill C, Westaway M, Binkley J. Assessing disability and change on the individual patient: a report of a patient specific measure. *Physiotherapy Canada*. 1995; 47: 258-263.