



# F.I.R.S.T. HEALTH

## PATIENT SPECIFIC FUNCTIONAL AND PAIN SCALES (PSFS)

Name \_\_\_\_\_

Date \_\_\_\_\_

In your visits here we want to know what 3 activities in your life you are unable to do or having the most difficulty with as a result of your chief problem (\_\_\_\_\_).

Please list 3 activities you are unable to perform or having the most difficulty with because of your chief problem.

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

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

3. \_\_\_\_\_

### Activity #1

(Point to one number):

Able to perform activity without difficulty	0	1	2	3	4	5	6	7	8	9	10	Unable to perform the activity
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### Activity #2

(Point to one number):

Able to perform activity without difficulty	0	1	2	3	4	5	6	7	8	9	10	Unable to perform the activity
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### Activity #3

(Point to one number):

Able to perform activity without difficulty	0	1	2	3	4	5	6	7	8	9	10	Unable to perform the activity
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Our goal is to work together with you to “problem-solve” ways to return you to activities that **you have told us** you are either unable to perform or are giving you the most difficulty since this problem began.

\_\_\_\_\_  
Signature