

### Patient Specific Functional and Pain Scale

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

1. Please describe the Chief Complaint that causes difficulty with normal activities.

Chief Problem: \_\_\_\_\_

2. Please enter the first activity you are unable to do or are having pain or difficulty performing as a result of your chief complaint

Activity: \_\_\_\_\_

Able to perform activity  
without difficulty

Unable to  
perform activity

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

3. Please enter the second activity you are unable to do or are having pain or difficulty performing as a result of your chief complaint

Activity: \_\_\_\_\_

Able to perform activity  
without difficulty

Unable to  
perform activity

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

4. Please enter the third activity you are unable to do or are having pain or difficulty performing as a result of your chief complaint

Activity: \_\_\_\_\_

Able to perform activity  
without difficulty

Unable to  
perform activity

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Patient initials: \_\_\_\_\_