

Pain(NFRS), Global rating, Satisfaction, and PSFS

Name: _____

Date: _____

Pain: **CURRENT** (average): Over the past 24 hours, what is the average your pain been?

0 1 2 3 4 5 6 7 8 9 10
No Pain Worse Imaginable Pain

Pain: **BEST**: Over the last 24 hours, what is the best your pain has been?

0 1 2 3 4 5 6 7 8 9 10
No Pain Worse Imaginable Pain

Pain: **WORST**: Over the last 24 hours, what is the worst your pain has been?

0 1 2 3 4 5 6 7 8 9 10
No Pain Worse Imaginable Pain

Total: _____/30

Satisfaction: How satisfied are you with the current use/function of your injured body part?

0 1 2 3 4 5 6 7 8 9 10
Not Satisfied Very Satisfied

Global Rating: On a scale of 0-100, please rate the use/function of your injured body part?

Global Rating _____ 0= no function, 100= full function/use of injured body part

The Patient-Specific Functional Scale

Please identify 3 important activities that you are unable to do or are having difficulty as a result of your problem. Please rate the level of difficulty you are having with the 3 activities that you are unable to do or are having difficulty with as a result of your problem, using the scale provided.

Activity:	Difficulty Level:
1. _____	0 1 2 3 4 5 6 7 8 9 10 unable to perform activity able to perform activity at the same level as above
2. _____	0 1 2 3 4 5 6 7 8 9 10 unable to perform activity able to perform activity at the same level as above
3. _____	0 1 2 3 4 5 6 7 8 9 10 unable to perform activity able to perform activity at the same level as above

Total: _____/30