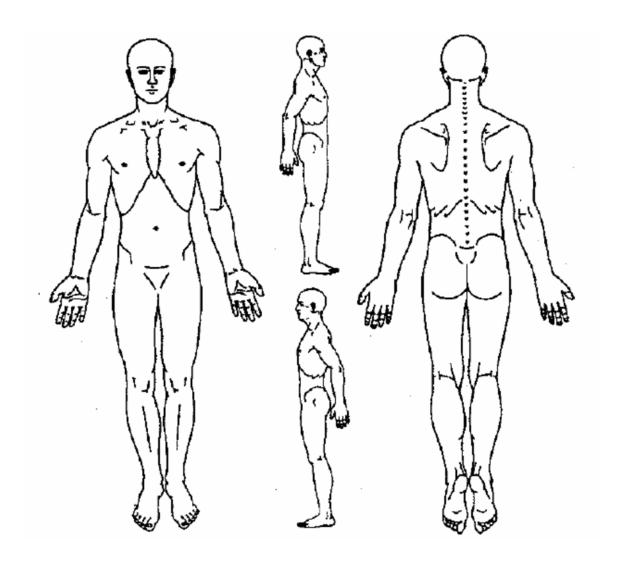
## PAIN RATING, GLOBAL RATING, AND PATIENT SPECIFIC FUNCTIONAL SCALE (PSFS)

Patien	t Name:						ate:			
	<b>mitatio</b> mal activi		ne past 24	hours, ho	w much h	as pain li	mited you	from perf	orming an	y of
	1 s have not			4			7 ivities have			10 ced
Pain In	tensity	Over the	past 24 h	ours, how	bad has y	our pain	been?			
	1 s have not			4	5		7 ivities have			10 ed
Global	Rating:	On a scal	e of 1-100	), please ra	ate your fu	unction o	f your injui	red body p	art:	
Global Ra	ating:		0 = no	o function	100 = ful	l functior	1			
		-	•	ase identi f your inju		rtant acti	vities that v	you are un	nable to do	) - or
Activity :	1:		Pleas	e rate acti	ivity					
	1 o perform		3	4			7 at same lev		9 to injury	10
Activity 2	2:		Pleas	e rate acti	ivity					
0 Unable t	1 o perform	2	3	4	5 Able to	6 perform a	7 at same lev	8 vel as prior	9 to injury	10
Activity	<b>3</b> :		Pleas	e rate acti	ivity					
0 Unable t	1 o perform	2	3	4	5 Able to	6 perform a	7 at same lev	8 vel as prior	9 to injury	10

## **Pain Diagram**

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness	Pins & Needles	Burning	Aching	Stabbing
	00000	^ ^ ^ ^	$\mathbf{X} \mathbf{X} \mathbf{X} \mathbf{X}$	$\otimes \otimes \otimes \otimes$
	00000	^ ^ ^ ^	$\mathbf{X} \mathbf{X} \mathbf{X} \mathbf{X}$	$\otimes \otimes \otimes \otimes$
	0 0 0 0 0	$\wedge \wedge \wedge \wedge$	xxxx	$\otimes \otimes \otimes \otimes$



NAME		DATE	
No Pain  ——		I	Worst Possible Pain
	Please make a slash through this li	ne as to the level of your pain.	

Patient Signature	