

## OUTCOME MEASURES SCORE SHEET

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Patient Specific Functional Score

This form will help us to keep track of your progress in your rehab program.

- Please list three activities with which you are having difficulty due to your present problem.
- Rank each activity on a scale from 0-10 with 0 meaning the task causes too much pain and you are unable or unwilling to do the task. 10 means you are able to do the task with no problems at all.

Activity	Score
	0 – Unable    10 – No Difficulty
1.	
2.	
3.	

For Admin Only:

Rolland Morris \_\_\_\_\_ DASH \_\_\_\_\_

LEFS \_\_\_\_\_ NDI \_\_\_\_\_

NPFS \_\_\_\_\_