

Name \_\_\_\_\_

Date \_\_\_\_\_

**1**

Place an "X" beside **only 3** activities that you are having difficulty performing

**2**

Circle the number that corresponds to your level of difficulty in performing the activity  
0 = Unable to Perform → 10 = Able to Perform

☆☆☆ 0 = Bad → 10 = Good ☆☆☆

(X)	Activity	Circle Difficulty Level	(X)	Activity	Circle Difficulty Level
	Sleeping	0 1 2 3 4 5 6 7 8 9 10		Household Repairs	0 1 2 3 4 5 6 7 8 9 10
	Prolonged Standing	0 1 2 3 4 5 6 7 8 9 10		Carrying Groceries	0 1 2 3 4 5 6 7 8 9 10
	Prolonged Sitting	0 1 2 3 4 5 6 7 8 9 10		Shopping	0 1 2 3 4 5 6 7 8 9 10
	Rising from Seated Position	0 1 2 3 4 5 6 7 8 9 10		Vacuuming	0 1 2 3 4 5 6 7 8 9 10
	Driving or Riding in Car	0 1 2 3 4 5 6 7 8 9 10		Meal Preparation	0 1 2 3 4 5 6 7 8 9 10
	Getting in or Out of Car	0 1 2 3 4 5 6 7 8 9 10		Lifting or Holding Child	0 1 2 3 4 5 6 7 8 9 10
	Self care – Dressing	0 1 2 3 4 5 6 7 8 9 10		Farming Activities	0 1 2 3 4 5 6 7 8 9 10
	Self care – Bathing	0 1 2 3 4 5 6 7 8 9 10		Watching Television	0 1 2 3 4 5 6 7 8 9 10
	Self Care – Shaving	0 1 2 3 4 5 6 7 8 9 10		Exercise Routine	0 1 2 3 4 5 6 7 8 9 10
	Changing Position	0 1 2 3 4 5 6 7 8 9 10		Care or Ill Family Member	0 1 2 3 4 5 6 7 8 9 10
	Bending	0 1 2 3 4 5 6 7 8 9 10		Bowling	0 1 2 3 4 5 6 7 8 9 10
	Squatting	0 1 2 3 4 5 6 7 8 9 10		Golf	0 1 2 3 4 5 6 7 8 9 10
	Kneeling	0 1 2 3 4 5 6 7 8 9 10		Recreational Activities	0 1 2 3 4 5 6 7 8 9 10
	Twisting	0 1 2 3 4 5 6 7 8 9 10		Social Activities	0 1 2 3 4 5 6 7 8 9 10
	Pushing or Pulling	0 1 2 3 4 5 6 7 8 9 10		Using Telephone	0 1 2 3 4 5 6 7 8 9 10
	Walking	0 1 2 3 4 5 6 7 8 9 10		Pet Care	0 1 2 3 4 5 6 7 8 9 10
	Climbing Stairs	0 1 2 3 4 5 6 7 8 9 10		Sexual Activities	0 1 2 3 4 5 6 7 8 9 10
	Lifting	0 1 2 3 4 5 6 7 8 9 10		Eating	0 1 2 3 4 5 6 7 8 9 10
	Extended Computer Use	0 1 2 3 4 5 6 7 8 9 10		Appetite	0 1 2 3 4 5 6 7 8 9 10
	Reading	0 1 2 3 4 5 6 7 8 9 10		School	0 1 2 3 4 5 6 7 8 9 10
	Sewing or Knitting	0 1 2 3 4 5 6 7 8 9 10		Work	0 1 2 3 4 5 6 7 8 9 10
	Yard Work	0 1 2 3 4 5 6 7 8 9 10		Normal Lifestyle	0 1 2 3 4 5 6 7 8 9 10
	Household Chores	0 1 2 3 4 5 6 7 8 9 10		Routine Daily Activities	0 1 2 3 4 5 6 7 8 9 10

**For Office Use Only – Do Not Complete**

Date	PSFS Score	Initials

Date	PSFS Score	Initials

**OFFICE USE ONLY**

**Key**

- O** = Initial Exam
- ✓** = First Exam
- X** = Final Exam