

Patient-Specific Functional Scale



Fill in after identifying the challenges with the help of the dimensions in the MAINTAIN instrument.

At the first visit

Read/memorize the italic text below and communicate to the patient

- *Now that we have identified the dimensions in which you are most affected, I would like to ask you to describe one or more activities that are challenging or that you are unable to perform as a consequence of your pain/complaint.*

Document and describe the activities the patient report in the table below.

Ask them to rate the level of difficulty for each of the activities using the instrument below and record the date when the measurement was made.

Read/memorize the italic text below and communicate to the patient.

- *Please state to me the number on the scale that represents how difficult you think it is to perform the activity that you defined.*

Ask the patient to rate each of the documented activities.

At follow-up visits

Read/memorize the italic text below and communicate to the patient

- *When we met xxx (date of last visit/rating), you stated you had problems with 1.xxx, 2.xxx, 3.xxx, Etc.*

I would like you once again to state to me the number on the scale that represents how difficult you think it is to perform activity 1. xxx.

Read one activity at a time and ask the patient to again rate each of the documented activities, and fill out the table.

Patient-Specific Functional Scale



Degree of ability

0 1 2 3 4 5 6 7 8 9 10

Unable to perform activity



Can perform the activity without problem or as well as before the pain/complaint.

Activity:

Date/rating:

	/	/	/	/	/
1.					
2.					
3.					
4.					
5.					
6.					

Other comments: