



Orthopedics and Pelvic Health  
Joy Backstrum, PT Katie Piraino, PT

## **Functional Questionnaire (PSFQ)**

**(For patients to complete)**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

| <p><b>Please list activities you currently have difficulty doing or cannot do:</b></p> | <p><b>On a scale of 0-10 how difficult is it for you to perform this activity?</b></p> <p>Score:<br/>0=unable to perform activity at all</p> <p>10= able to perform activity normally</p> |
|--|---|
| 1.   |   |
| 2.   |   |
| 3.   |   |
| 4.   |   |
| 5.   |   |
| <b>TOTAL:</b>  |   |

**Thank You!**

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