

Baseline Patient Specific Activity Scale (PSAS)

This questionnaire is designed to evaluate how you are coping since your injury or problem began.

We will ask you to choose 3 activities that are important to you and then record what limitation you experience with regards these activities today.

Do you consider today's injury/problem life changing?

No – Not life changing	Please answer questions 1-9
Yes- Life changing	Please answer questions 10-20

1. Physical Activity 1

Please can you select one activity from this list that represents an activity that is THE MOST IMPORTANT to you but you are now unable to perform it as you could prior to your injury or before your problem began.

Once you select the activity, please record your degree of limitation today relating to the selected activity. Whatever you choose will be used as a benchmark of your progress going forward.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Walk Without Pain or Discomfort	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
Walk Unaided	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
Stand Without Discomfort	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
Comb/Brush my Hair	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
Dress Myself Unaided	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
Wash Myself in the Bath/Shower	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
Feed myself without Difficulty	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>

Now please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Walk Without Pain or Discomfort	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
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Walk Unaided	<input type="text"/>
Stand Without Discomfort	<input type="text"/>
Comb/Brush my Hair	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Wash Myself in the Bath/Shower	<input type="text"/>
Feed Myself Without Difficulty	<input type="text"/>

2. Physical Activity 2

Please can you select one activity from this list, then record limitation relating to the selected activity.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Perform My Desk Job	<input type="text"/>
Walk 50 yards/metres	<input type="text"/>
Walk Downstairs in my Home	<input type="text"/>
Walk Upstairs in my Home	<input type="text"/>
Clean my House	<input type="text"/>
Walk 200 Yards/Metres	<input type="text"/>
Perform my Physical/Manual Job Part-time	<input type="text"/>
Unable to do any of these prior to Injury / Problem	Please see question 4.

3. Only answer question 3 if you answered question 2.

Please now record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Perform My Desk Job	<input type="text"/>
Walk 50 yards/metres	<input type="text"/>
Walk Downstairs in my Home	<input type="text"/>
Walk Upstairs in my Home	<input type="text"/>
Clean my House	<input type="text"/>
Walk 200 Yards/Metres	<input type="text"/>
Perform my Physical/Manual Job Part-time	<input type="text"/>
Unable to do any of these prior to Injury / Problem	Please record your anticipated level in question 5.

4. Please only complete this question if none of the activities in question 2 were relevant to you. Please make a selection from one of these activities.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Clean Myself Unaided	<input type="text"/>
Use a Computer Unaided	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Walk 5 Yards/Metres Unaided	<input type="text"/>
Walk up 3 Stairs	<input type="text"/>

5. Only answer question 5 if you answered question 4.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Clean Myself Unaided	<input type="text"/>
Use a Computer Unaided	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Walk 5 Yards/Metres Unaided	<input type="text"/>
Walk up 3 Stairs	<input type="text"/>

6. Physical Activity 3

Please can you select one activity from this list, then record limitation relating to the selected activity.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Walk Upstairs Unaided	<input type="text"/>
Return to the Gym	<input type="text"/>
Return to my Preferred Sport	<input type="text"/>
Run 10 kms/6 miles	<input type="text"/>
Run a half marathon	<input type="text"/>
Return to my Manual Job	<input type="text"/>
Unable to do any of these prior to Injury / Problem	Please go straight to question 8.

7. Only answer question 7. if you answered question 6.

Please now record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Walk Upstairs Unaided	<input type="text"/>
Return to the Gym	<input type="text"/>
Return to my Preferred Sport	<input type="text"/>
Run 10 kms/6 miles	<input type="text"/>
Run a half marathon	<input type="text"/>
Return to my Manual Job	<input type="text"/>
Unable to do any of these prior to Injury / Problem	Please record your anticipated level in question 9.

8. Only complete this question if none of the activities in question 6. were relevant to you, please make a selection from one of these activities.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Sit Through a Full Length Movie	<input type="text"/>
Carry out my Personal Ablutions Unaided	<input type="text"/>
Climb In or Out of a Bath Unaided	<input type="text"/>
Climb In or Out of a Car Unaided	<input type="text"/>
Walk Around my Home Unaided	<input type="text"/>
Walk up 5 Stairs	<input type="text"/>

Walk 10 Yards
Unaided



9. Only answer question 9 if you answered question 8.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Sit Through a Full
Length Movie



Carry out my
Personal
Ablutions
Unaided



Climb In or Out
of a Bath
Unaided



Climb In or Out
of a Car Unaided



Walk Around my
Home Unaided



Walk up 5 Stairs



Walk 10 Yards
Unaided



Only answer questions 10-20 if you answered YES to question 1 and have not completed questions 1-9.

10. Physical Activity 1

Please can you select one activity from this list that represents an activity that is THE MOST IMPORTANT to you but you are now unable to perform it as you could prior to your injury or before your problem began.

Once you select the activity, please record your degree of limitation today relating to the selected activity.

Whatever you choose will be used as a benchmark of your progress going forward.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Sit Without Discomfort	<input type="text"/>
Transfer to and from my Bed/Chair	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Feed Myself Without Difficulty	<input type="text"/>
Mobilise around my Home without difficulty	<input type="text"/>
No difficulty with any of these activities	Please go straight to question 11.

Please now record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Sit Without Discomfort	<input type="text"/>
Transfer to and from my Bed/Chair	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Feed Myself without Difficulty	<input type="text"/>
Mobilise around my Home without difficulty	<input type="text"/>

No difficulty with any of these activities

Please record your anticipated level in question 12.

11. Please only complete this question if none of the activities in question 10 were relevant to you. Please make a selection from one of these activities.

Please record your ability **TODAY** to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Walk Without Pain or Discomfort	<input type="text"/>
Walk Unaided	<input type="text"/>
Stand Without Discomfort	<input type="text"/>
Comb/Brush my Hair	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Wash Myself in the Bath/Shower	<input type="text"/>
Feed Myself without Difficulty	<input type="text"/>

12. Only answer question 12 if you answered question 11.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Walk Without Pain or Discomfort	<input type="text"/>
Walk Unaided	<input type="text"/>
Stand Without Discomfort	<input type="text"/>
Comb/Brush my Hair	<input type="text"/>
Dress Myself Unaided	<input type="text"/>

Wash Myself in the Bath/Shower	<input type="text"/>
Feed Myself without Difficulty	<input type="text"/>

13. Physical Activity 2

Please can you select one activity from this list, then record limitation relating to the selected activity.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Comb/brush my Hair	<input type="text"/>
Prepare a Meal for Myself	<input type="text"/>
Climb On and Off the Bus	<input type="text"/>
Drive a Car	<input type="text"/>
Run Without Discomfort	<input type="text"/>
No Difficulty with any of These	Please go straight to question 14.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Comb/brush my hair	<input type="text"/>
Prepare a Meal for Myself	<input type="text"/>
Climb On and Off the Bus	<input type="text"/>
Drive a Car	<input type="text"/>
Run Without Discomfort	<input type="text"/>
No Difficulty with any of These	Please record your anticipated level in question 15.

14. Please only complete this question if none of the activities in question 13 were relevant to you. Please make a selection from one of these activities.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Perform my Desk Bound Job	<input type="text"/>
Walk 50 yards/metres	<input type="text"/>
Walk Downstairs in my Home	<input type="text"/>
Walk Upstairs in my Home	<input type="text"/>
Clean my House	<input type="text"/>
Walk 200 Yards/Metre	<input type="text"/>
Perform my Physical/Manual Job Part-time	<input type="text"/>
Unable to do any of these prior to my injury/Problem	Please go straight to question 16.

15. Only answer question 15 if you answered question 14.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Perform my Desk Bound Job	<input type="text"/>
Walk 50 yards/metres	<input type="text"/>
Walk Downstairs in my Home	<input type="text"/>
Walk Upstairs in my Home	<input type="text"/>
Clean my House	<input type="text"/>

Walk 200 Yards/Metre	<input type="text"/>
Perform my Physical/Manual Job Part-time	<input type="text"/>
Unable to do any of these prior to my Injury/Problem	Please record your anticipated level in question 17.

16. Please only complete this question if none of the activities in questions 13 and 14 were relevant to you. Please make a selection from one of these activities.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Clean Myself Unaided	<input type="text"/>
Use a Computer Unaided	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Walk 5 Yards/Metres Unaided	<input type="text"/>
Walk up 3 Stairs	<input type="text"/>

17. Only answer question 17 if you answered question 16.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Clean Myself Unaided	<input type="text"/>
Use a Computer Unaided	<input type="text"/>
Dress Myself Unaided	<input type="text"/>
Walk 5 Yards/Metres Unaided	<input type="text"/>
Walk up 3 Stairs	<input type="text"/>

18. Please can you select one activity from this list, then record limitation relating to the selected activity.

Physical Activity 3

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Walk 25 Yards Unaided	<input type="text"/>
Walk up a Flight of Stairs Unaided	<input type="text"/>
Return to the Gym	<input type="text"/>
Return to Sport	<input type="text"/>
Return to Work Part-time	<input type="text"/>
Return to my Work	<input type="text"/>
I am not able to do any of these	Please go straight to question 19.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Walk 25 Yards Unaided	<input type="text"/>
Walk Up a Flight of Stairs Unaided	<input type="text"/>
Return to the Gym	<input type="text"/>
Return to Sport	<input type="text"/>
Return to Work Part-time	<input type="text"/>
Return to my Work	<input type="text"/>
I am not able to do any of these	Please record your anticipated level in question 20.

19. Please only complete this question if none of the activities in question 18 were relevant to you. Please make a selection from one of these activities.

Please record your ability TODAY to perform this activity to same level as compared to prior to your injury or before your problem began, where 0 = Completely unable and 10 = Completely able

Sit Through a Full Length Movie	<input type="text"/>
Carry out my Personal Ablutions Unaided	<input type="text"/>
Climb In or Out of a Bath Unaided	<input type="text"/>
Climb In or Out of a Car Unaided	<input type="text"/>
Walk Around my Home Unaided	<input type="text"/>
Walk up 5 Stairs	<input type="text"/>
Walk 10 Yards Unaided	<input type="text"/>

20. Only answer question 20 if you answered question 19.

Please record a level that you anticipate being able to achieve where 0 = Completely unable and 10 = Completely able

Sit Through a Full Length Movie	<input type="text"/>
Carry out my Personal Ablutions Unaided	<input type="text"/>
Climb In or Out of a Bath Unaided	<input type="text"/>
Climb In or Out of a Car Unaided	<input type="text"/>
Walk around my Home Unaided	<input type="text"/>
Walk up 5 Stairs	<input type="text"/>

Walk 10 Yards
Unaided

