



## OCCUPATION-BASED ACTIVITY

Instructions: List one to three activities that are important to you, and that you are having difficulty with at home or work due to your injury. Specify the level of difficulty with each activity based on the visual scale below, and record in the box on the grid.

0	1	2	3	4	5	6	7	8	9	10
Unable to perform activity										Able to perform activity at the same level as before injury

Activity	Date/#	Date/#	Date/#	Date/#	Date/#	Date/#	Date/#	Date/#	Date/#
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Adapted from the Patient Specific Function Scale