Instructions: This scale is intended to assess your USUAL state in different categories using pictures ordered from best to worst.

For each category, choose ONE picture that is closest to your USUAL state. Mark ❌ below that picture. There is no right or wrong answer.

Example: If your USUAL vision is closest to the second picture mark ❌ as shown.

NAME: ____________________________
DATE: ____________________________

1. MOOD
   - BEST
   - WORST

2. NUMBER OF MEDICATIONS
   - BEST
   - WORST
For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.

### MOBILITY

1. Walking
2. Using a walker
3. Being carried
4. Sleeping in bed

### FUNCTION

1. Doing household chores
2. Preparing a meal
3. Dressing oneself
4. Bathing

### BALANCE

1. Standing up from a sitting position
2. Bending over
3. Sitting on a chair
4. Sleeping in bed
For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.

### 6 SOCIAL CONNECTIONS

- **BEST**
  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

- **WORST**
  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

### 7 DAYTIME TIREDNESS

- **BEST**
  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

- **WORST**
  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

### 8 MEMORY AND THINKING

- **BEST**
  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

- **WORST**
  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

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For each category, mark **ONE BOX** that is the closest to your **USUAL STATE**.

9 **VISION** (WITH GLASSES IF NEEDED)

10 **HEARING** (WITH HEARING AID IF NEEDED)

11 **PAIN**

12 **UNINTENTIONAL WEIGHT-LOSS**

13 **AGGRESSION**

14 **BLADDER CONTROL**

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