

Patient Name:

Patient Birthdate:

HCP Evaluator:

Evaluation Date:

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. Select the radio button below that picture. There is no right or wrong answer.

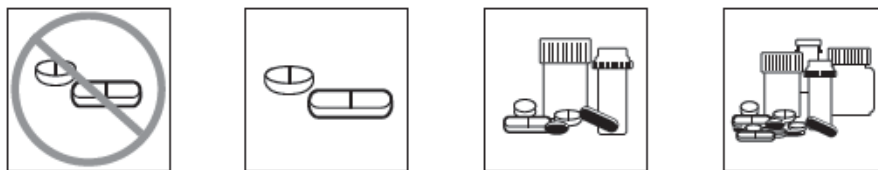
Example: If your USUAL vision is closest to the second picture, select the second radio button as shown.



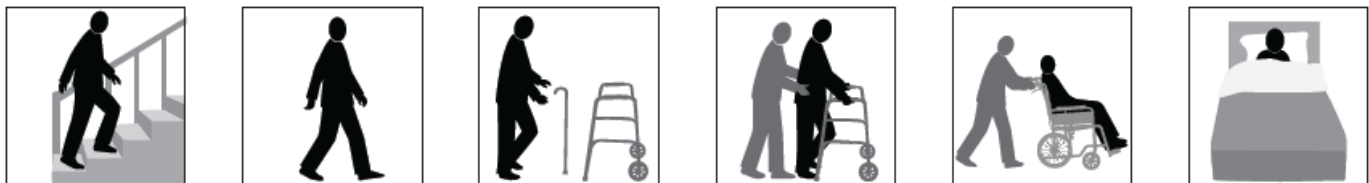
1. Mood



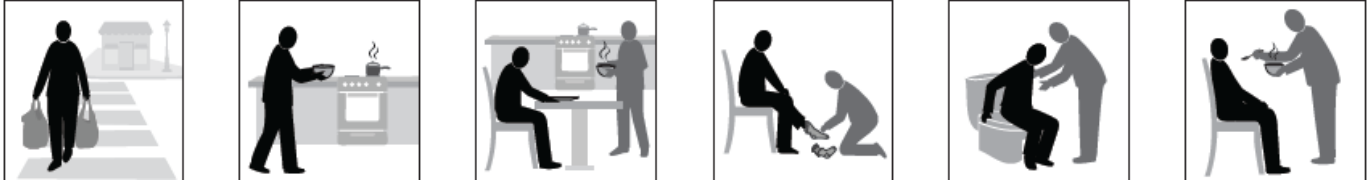
2. Number of medications



3. Mobility



4. Function



5. Balance



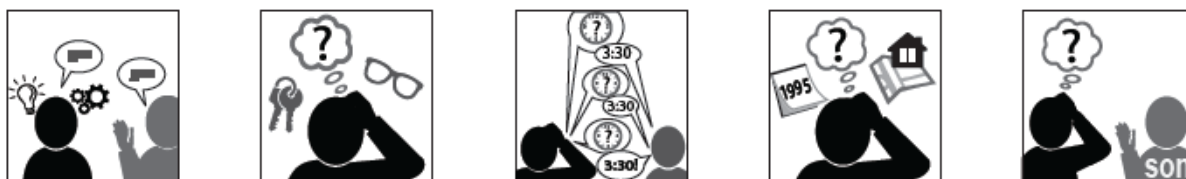
6. Social connections



7. Daytime tiredness



8. Memory and thinking



9. Vision (with glasses if needed)



10. Hearing (with hearing aid if needed)



11. Pain



12. Unintentional weight-loss



13. Aggression



14. Bladder Control



Permission received through a formal Licensing Agreement to use the scale from Dr. Olga Theou. The use of the PFFS is for educational purposes and for non-commercially funded research and/or quality assurance projects only, and must be administered free of charge.