

# **The Hospital for Special Surgery Pediatric Functional Activity Brief Scale (HSS Pedi-FABS)**

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## **Reference for Citation:**

Fabricant PD, Robles A, Downey-Zayas T, Do HT, Marx RG, Widmann RF, Green DW. Development and Validation of a Pediatric Sports Activity Rating Scale: The Hospital for Special Surgery Pediatric Functional Activity Brief Scale (HSS Pedi-FABS). Am J Sports Med. 2013 Oct; 41(10):2421-9. Epub 2013 Jul 26.

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**Hospital for Special Surgery Pediatric Functional Activity Brief Scale (HSS Pedi-FABS)**

**Instructions:** Choose one answer for each activity or question. In the grid, please indicate how often you performed each activity in your healthiest and most active condition. **IN THE PAST MONTH:**

	Less than one time per month	One time per month	One time per week	2-3 times per week	More than 4 times per week
<b>Running:</b> running while playing a sport or jogging.					
<b>Cutting:</b> quickly changing directions while running.					
<b>Decelerating:</b> coming to a quick stop while running.					
<b>Pivoting:</b> turning your body with your foot planted (for example: skiing, skating, kicking, throwing, hitting a ball)					
<b>Duration:</b> perform athletic activity for as long as you would like to without stopping.					
<b>Endurance:</b> perform athletic activity for one whole hour without stopping.					

Patient Sticker, or:

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Competition:** Do you participate in organized competitive sports or physical activities?

- No (or gym class only)
- Yes, but **WITHOUT** an official or judge (such as club or pickup games)
- Yes, **WITH** an official or judge
- Yes, at a national or professional level

**Supervision:** Do you participate in supervised (coach, trainer, instructor) sports practice or activities (other than gym class)?

- No
- Yes, 1-2 times per week
- Yes, 3-4 times per week
- Yes, 5 or more times per week

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**Scoring Legend - Score Range: 0-30**

	Less than one time per month	One time per month	One time per week	2-3 times per week	More than 4 times per week
<b>Running:</b> running while playing a sport or jogging.	(0)	(1)	(2)	(3)	(4)
<b>Cutting:</b> quickly changing directions while running.	(0)	(1)	(2)	(3)	(4)
<b>Decelerating:</b> coming to a quick stop while running.	(0)	(1)	(2)	(3)	(4)
<b>Pivoting:</b> turning your body with your foot planted (for example: skiing, skating, kicking, throwing, hitting a ball)	(0)	(1)	(2)	(3)	(4)
<b>Duration:</b> perform athletic activity for as long as you would like to without stopping.	(0)	(1)	(2)	(3)	(4)
<b>Endurance:</b> perform athletic activity for one whole hour without stopping.	(0)	(1)	(2)	(3)	(4)

**Competition:** Do you participate in organized competitive sports or physical activities?

- No (or gym class only) (0)
- Yes, but WITHOUT an official or judge (such as club or pickup games) (1)
- Yes, WITH an official or judge (2)
- Yes, at a national or professional level (3)

**Supervision:** Do you participate in supervised (coach, trainer, instructor) sports practice or activities (other than gym class)?

- No (0)
- Yes, 1-2 times per week (1)
- Yes, 3-4 times per week (2)
- Yes, 5 or more times per week (3)