



Ash Chiropractic & Acupuncture Clinic

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FUNCTIONAL RATING INDEX

In order to properly assess your condition, we must understand how much your symptoms have affected your ability to manage everyday activities. For each item below, **please circle the number which most closely describes your condition right now.**

1. Pain Intensity:

- 0 – No Pain
- 1 – Mild Pain
- 2 – Moderate Pain
- 3 – Severe Pain
- 4 – Worst Possible Pain

6. Recreation:

- 0 – Can do all activities
- 1 – Can do most activities
- 2 – Can do some activities
- 3 – Can do few activities
- 4 – Cannot do any activities

2. Sleeping:

- 0 – Perfect Sleep
- 1 – Mildly Disturbed
- 2 – Moderately Disturbed
- 3 – Severely Disturbed
- 4 – Totally Disturbed

7. Frequency of Pain:

- 0 – No pain
- 1 – Occasional pain 25% of day
- 2 – Intermittent pain 50% of day
- 3 – Frequent pain 75% of the day
- 4 – Constant pain 100% of the day

3. Personal Care (washing, dressing, etc.):

- 0 – No Pain, No Restrictions
- 1 – Mild Pain, No Restrictions
- 2 – Moderate Pain, need to go slowly
- 3 – Moderate Pain, need assistance
- 4 – Severe Pain, need 100% assistance

8. Lifting:

- 0 – No Pain with heavy weight
- 1 – Increased Pain with heavy weight
- 2 – Increased Pain with moderate weight
- 3 – Increased Pain with light weight
- 4 – Increased pain With All Walking

4. Travel, Driving, etc.:

- 0 – No Pain on long trips
- 1 – Mild Pain on long trips
- 2 – Moderate Pain on long trips
- 3 – Moderate Pain on short trips
- 4 – Severe Pain on short trips

9. Walking

- 0 – No pain walking any distance
- 1 – Increased pain after 1 mile
- 2 – Increase pain after 1/2 mile
- 3 – Increase pain after 1/4 mile
- 4 – Increase pain with all walking

5. Work:

- 0 – Can do usual work plus extra work
- 1 – Can do usual work, no extra work
- 2 – Can do 50% of usual work
- 3 – Can do 25% of usual work
- 4 – Cannot do any activities

10. Standing

- 0 – No Pain After several hours
- 1 – Increased Pain After several hours
- 2 – Increased Pain After 1 hour
- 3 – Increased Pain After ½ hour
- 4 – Increased Pain After ¼ hour

Patient Signature:

Print Name:

Date:

PIN #:

For Office Use Only:

Date:

Raw Total:

FRI Score:

Previous Date:

FRI Score:

Change: %

Doctor:

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