FUNCTIONAL INDEX
Choose the one answer in each section that best describes your condition.

WALKING
☐ Symptoms do not prevent me walking any distance.
☐ Symptoms prevent me walking more than 1 mile.
☐ Symptoms prevent me walking more than 1/2 mile.
☐ Symptoms prevent me walking more than 1/4 mile.
☐ I can only walk using a stick or crutches.
☐ I am in bed most of the time and have to crawl to the toilet.

WORK
(Appplies to work in home and outside)
☐ I can do as much work as I want to.
☐ I can only do my usual work, but no more.
☐ I can do most of my usual work, but no more.
☐ I cannot do my usual work.
☐ I can hardly do any work at all (only light duty).
☐ I cannot do any work at all.

PERSONAL CARE
(Washing, Dressing, etc.)
☐ I can manage all personal care without symptoms.
☐ I can manage all personal care with some increased symptoms.
☐ Personal care requires slow, concise movements due to increased symptoms.
☐ I need help to manage some personal care.
☐ I need help to manage all personal care.
☐ I cannot manage any personal care.

SLEEPING
☐ I have no trouble sleeping.
☐ My sleep is mildly disturbed (less than 1 hr. sleepless).
☐ My sleep is mildly disturbed (1–2 hrs. sleepless).
☐ My sleep is moderately disturbed (2–3 hrs. sleepless).
☐ My sleep is greatly disturbed (3–5 hrs. sleepless).
☐ My sleep is completely disturbed (5–7 hrs. sleepless).

RECREATION/SPORTS
(Indicate Sport if Appropriate ________________________)
☐ I am able to engage in all my recreational/sports activities without increased symptoms.
☐ I am able to engage in all my recreational/sports activities with some increased symptoms.
☐ I am able to engage in most, but not all of my usual recreational/sports activities because of increased symptoms.
☐ I am able to engage in a few of my usual recreational/sports activities because of my increased symptoms.
☐ I can hardly do any recreational/sports activities because of increased symptoms.
☐ I cannot do any recreational/sports activities at all.

Rehabilitation Index
How many days ago did onset/injury occur? ___________ days

Please complete opposite side
GLOBAL RATING OF CHANGE
With respect to the reason you sought treatment, how would you describe yourself now compared to your first treatment at our clinic? (Circle one)

1. No lost work time
2. Return to work without restriction
3. Return to work with modification
4. Have not returned to work
5. Not employed outside the home

Work days lost due to condition: ____________ days

I am aware that the information gathered on this form may be used anonymously for research or publication. Please initial: ____________