Pain Scale

Grade Intensity/Severity (No complaint/pain) **0 1 2 3 4 5 6 7 8 9 10** (Worst possible pain/complaint imaginable)

Functional Rating Index

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

2. Sleeping

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

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

0- No Pain No Restrictions	1- Mild Pain; No Restrictions	2- Moderate Pain; Go Slowly	3- Moderate Pain; Some Assistance	4- Severe Pain; 100% Assistance

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

5. Work

0- Usual Work + Extra	1- Usual Work, No Extra	2- 50% of Usual Work	3- 25% of Usual Work	4- Cannot Work

6. Recreation

0- All Activities	1- Most Activities	2- Some Activities	3- Few Activities	4- No Activities

7. Frequency of Pain

0- No Pain	1- Occasional (25%)	2- Intermittent (50%)	3- Frequent (75%)	4- Constant (100%)

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 Any Weight

9. Walking

0- No Pain with Any Distance	1- Increased Pain after 1 Mile	2- Increased Pain after ½ Mile	3- Increased Pain after ¼ Mile	4- Increased Pain after Any Distance

10. Standing

0- No Pain with Any Time	1- Increased Pain after Several Hours	2- Increased Pain after 1 Hour	3- Increased Pain after ½ Hour	4- Increased Pain after Any Time

Total _____ (/4, X10) = Functional Rating Score _____%

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office to provide me with chiropractic care and/or therapeutic services, in accordance with this state's statutes.

Patient or Guardian Signature _____ Date_____

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