



## Functional Impact Index

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following to give your therapist a good picture of how you are currently functioning. This will help your therapist determine the soft tissue problem areas. We will work with you to decrease your pain and help restore your soft tissue function. **Rate each "Activity" during the past week. Please place an "X" in the 'Grade' that fits you.** Additional information goes in the **Comments** section. Thank you.

	<b>Activity</b>	<b>Grade 0 / NA:</b> No pain <i>Or</i> Not Applicable	<b>Grade 1:</b> Pain only after activity	<b>Grade 2:</b> Pain during activity which does not interfere with performance	<b>Grade 3:</b> Pain during activity which limits performance	<b>Grade 4:</b> Incapacitating pain which prevents activity altogether	<b>Comments</b>
<b>A</b>	Dressing						
<b>A</b>	Hair care /Grooming						
<b>B</b>	Bending						
<b>B</b>	Pulling						
<b>B</b>	Pushing						
<b>B</b>	Reaching overhead						
<b>B</b>	Rising from a chair						
<b>B</b>	Standing						
<b>B</b>	Turning head						
<b>B/C</b>	Walking						
<b>D</b>	Sitting						
<b>E</b>	Climbing stairs						
<b>F</b>	Driving a car						
<b>G</b>	Doing yard work						
<b>G</b>	Vacuuming a rug						
<b>H / I</b>	Lifting						
<b>J</b>	Performing your job						
<b>K</b>	Exercising						
<b>K</b>	Sport Activity						
<b>K</b>	Working on hobby						
	Sleeping						
	Other: _____						
	Other: _____						
	Other: _____						

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_