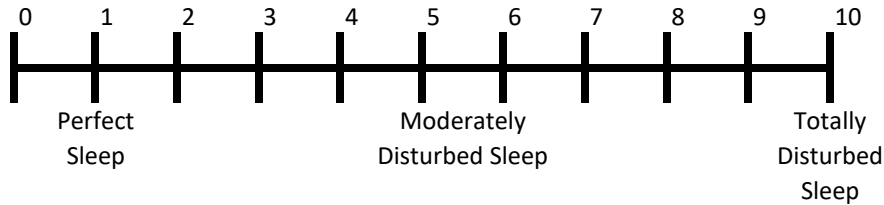


Goshen Family Chiropractic

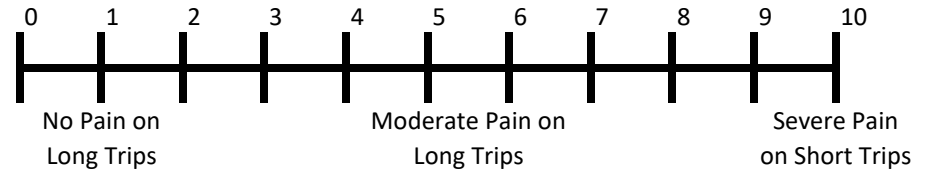
Functional Rating Index

In order to properly assess your condition, we must understand how much your **condition** has affected your ability to manage everyday activities.
For each item below, please **CIRCLE** the number which most closely describes your condition **RIGHT NOW**.

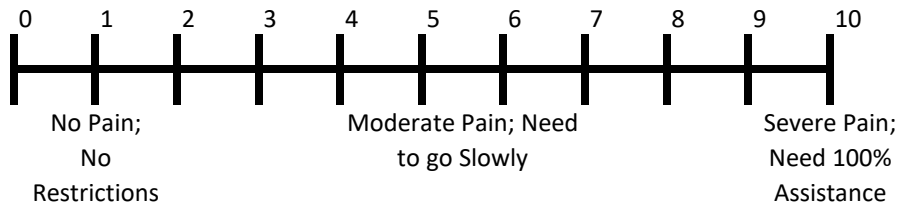
1. Sleeping



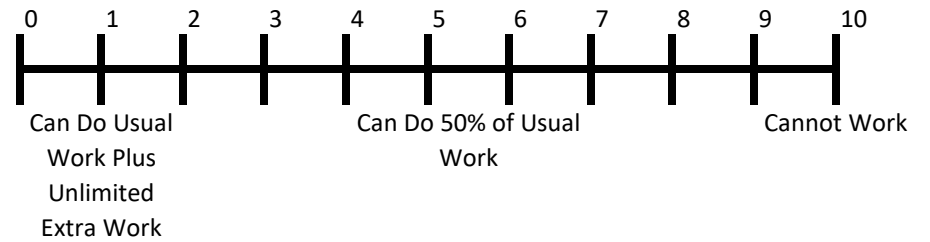
4. Travel



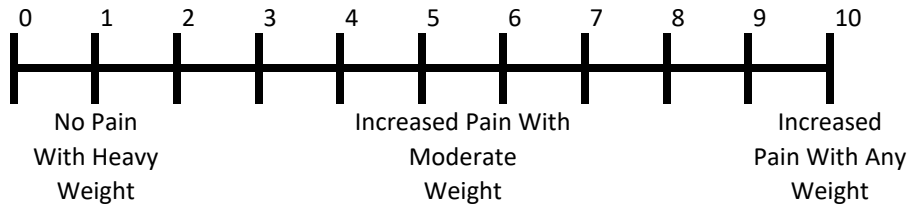
2. Personal Care (washing, dressing, etc)



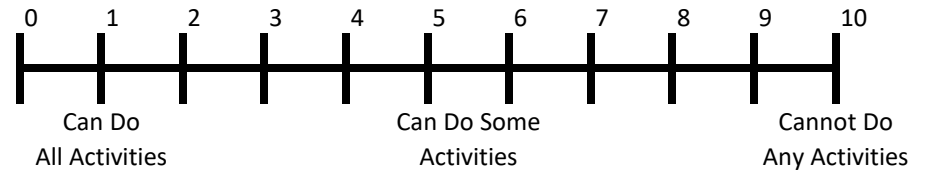
5. Work



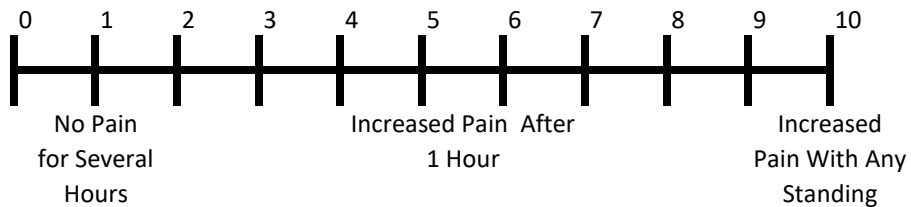
3. Lifting



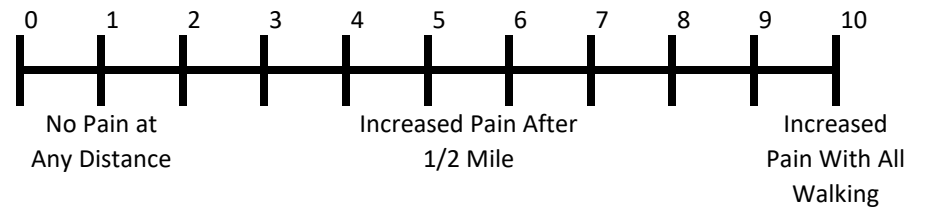
6. Recreation



7. Standing



8. Walking



Patient Name _____

Date _____