

# DYNAMIC FUNCTIONAL INDEX

PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please choose **ONLY ONE** answer for each question that best describes your condition.

HEAD/ NECK	BACK	LOWER EXTREMITY (HIP/ LEG/ FOOT, etc.)	UPPER EXTREMITY (SHOULDER/ ARM/ HAND etc.)
<p><b>PAIN/ DISCOMFORT</b>                      ① None                      ① Mild/ Occasional                      ② Moderate/ Frequent                      ③ Mod-Severe/ Frequent                      ④ Severe/ Constant</p> <p><b>SELF CARE</b> (dressing, grooming etc.)                      ① No pain or difficulty                      ① Mild difficulty                      ② Moderate difficulty                      ③ Severe difficulty                      ④ Unable without help</p> <p><b>READING/ CONCENTRATING</b>                      ① No pain or limitation                      ① Some pain no limitation                      ② Some limitation                      ③ Moderate limitation                      ④ Severe limitation</p> <p><b>HEADACHES</b>                      ① None                      ① Mild/ Occasional                      ② Mod-Severe/ Occasional                      ③ Mod-Severe/ Frequent                      ④ Severe/ Constant</p> <p><b>SLEEPING</b>                      ① No pain or difficulty                      ① Some pain not disturbed                      ② Reduced 1-2 hours                      ③ Reduced 2-3 hours                      ④ Reduced 3+ hours</p>	<p><b>PAIN/ DISCOMFORT</b>                      ① None                      ① Mild/ Occasional                      ② Moderate/ Frequent                      ③ Mod-Severe/ Frequent                      ④ Severe/ Constant</p> <p><b>SELF CARE</b> (dressing, grooming etc.)                      ① No pain or difficulty                      ① Mild difficulty                      ② Moderate difficulty                      ③ Severe difficulty                      ④ Unable without help</p> <p><b>STANDING/ WALKING</b>                      ① No pain or limits                      ① Pain but no limits                      ② Limited need breaks                      ③ Severe pain very limited                      ④ Very severe (unable)</p> <p><b>SITTING</b> (chair, travel etc.)                      ① No pain or limits                      ① Pain but no limits                      ② Pain need some breaks                      ③ Need frequent breaks                      ④ Severe (less than 1 hour)</p> <p><b>SLEEPING</b>                      ① No pain or difficulty                      ① Some pain not disturbed                      ② Reduced 1-2 hours                      ③ Reduced 2-3 hours                      ④ Reduced 3+ hours</p>	<p><b>PAIN/ DISCOMFORT</b>                      ① None                      ① Mild/ Occasional                      ② Moderate/ Frequent                      ③ Mod-Severe/ Frequent                      ④ Severe/ Constant</p> <p><b>SELF CARE</b> (dressing, grooming etc.)                      ① No pain or difficulty                      ① Mild difficulty                      ② Moderate difficulty                      ③ Severe difficulty                      ④ Unable without help</p> <p><b>STANDING/ WALKING</b>                      ① No pain or limits                      ① Pain but no limits                      ② Limited need breaks                      ③ Severe pain very limited                      ④ Very severe (unable)</p> <p><b>SITTING</b> (chair, travel etc.)                      ① No pain or limits                      ① 1 Pain but no limits                      ② Pain need some breaks                      ③ Need frequent breaks                      ④ Severe (less than 1 hour)</p> <p><b>SLEEPING</b>                      ① No pain or difficulty                      ① Some pain not disturbed                      ② Reduced 1-2 hours                      ③ Reduced 2-3 hours                      ④ Reduced 3+ hours</p>	<p><b>PAIN/ DISCOMFORT</b>                      ① None                      ① Mild/ Occasional                      ② Moderate/ Frequent                      ③ Mod-Severe/ Frequent                      ④ Severe/ Constant</p> <p><b>SELF CARE</b> (dressing, grooming etc.)                      ① No pain or difficulty                      ① Mild difficulty                      ② Moderate difficulty                      ③ Severe difficulty                      ④ Unable without help</p> <p><b>PUSHING/ PULLING</b>                      ① No pain or difficulty                      ① Pain but no difficulty                      ② Moderate difficulty                      ③ Severe pain very limited                      ④ Very severe (unable)</p> <p><b>HOLDING OBJECTS</b>                      ① No pain or difficulty                      ① Pain but no difficulty                      ② Some difficulty                      ③ Light objects only                      ④ Very light objects only</p> <p><b>SLEEPING</b>                      ① No pain or difficulty                      ① Some pain not disturbed                      ② Reduced 1-2 hours                      ③ Reduced 2-3 hours                      ④ Reduced 3+ hours</p>

**OFFICE USE ONLY:**

Formula: Sum of column answers/ Total questions answered (out of 5) multiplied by 25 = Final Index Score

**NECK SCORE** 
**BACK SCORE** 
**LE SCORE** 
**UE SCORE**