



**MASSAGE DOCTOR PLLC**  
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**FUNCTIONAL  
 RATING  
 SCALE**

For Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In order to properly assess your condition, we must understand how much your ability to manage everyday activities is being affected. For each item below, please circle the number which most closely describes your condition **right now**.

<b>1. Pain Intensity</b>	<b>0</b> No pain	<b>1</b> Mild pain	<b>2</b> Moderate pain	<b>3</b> Severe pain	<b>4</b> Worst pain possible
<b>2. Sleeping</b>	<b>0</b> Perfect sleep	<b>1</b> Mildly disturbed Sleep	<b>2</b> Moderately disturbed sleep	<b>3</b> Greatly disturbed sleep	<b>4</b> Totally disturbed sleep
<b>3. Personal Care (washing, dressing, etc)</b>	<b>0</b> No pain; no restrictions	<b>1</b> Mild pain; no restrictions	<b>2</b> Moderate pain; need to go slowly	<b>3</b> Moderate pain; need some assistance	<b>4</b> Severe pain; need 100% assistance
<b>4. Travel (driving etc)</b>	<b>0</b> No pain on long trips	<b>1</b> Mild pain on long trips	<b>2</b> Moderate pain on long trips	<b>3</b> Moderate pain on short trips	<b>4</b> Severe pain on short trips
<b>5. Work</b>	<b>0</b> Can do usual work plus extra work	<b>1</b> Can do usual work; no extra work	<b>2</b> Can do 50% of usual work	<b>3</b> Can do 25% of usual work	<b>4</b> Can not work at all
<b>6. Recreation</b>	<b>0</b> Can do all activities	<b>1</b> Can do most Activities	<b>2</b> Can do some Activities	<b>3</b> Can do a few Activities	<b>4</b> Can not do any activities
<b>7. Frequency of Pain</b>	<b>0</b> No pain	<b>1</b> Occasional pain; 25% of the day	<b>2</b> Intermittent pain; 50% of the day	<b>3</b> Frequent pain; 75% of the day	<b>4</b> Constant pain; 100% of the day
<b>8. Lifting</b>	<b>0</b> No pain with heavy weight	<b>1</b> Increased pain with heavy weight	<b>2</b> Increased pain with moderate weight	<b>3</b> Increased pain with light weight	<b>4</b> Increased pain with any weight
<b>9. Walking</b>	<b>0</b> No pain; any distance	<b>1</b> Increased pain after 30 minutes	<b>2</b> Increased pain after 10 minutes	<b>3</b> Increased pain after 5 minutes	<b>4</b> Increased pain with all walking
<b>10. Standing</b>	<b>0</b> No pain after several hours	<b>1</b> Increased pain after several hours	<b>2</b> Increased pain after 1 hour	<b>3</b> Increased pain after half an hour	<b>4</b> Increased pain with any standing

Provider: Dr. Abdul Karim Taifour, LMPC

Patient Signature

Date