

Functional Rating Index

In order to better assess your condition, we must understand how much your condition has affected your ability to manage everyday activities. For each item below circle the number which closely describes your condition right now.

1. Pain Intensity Location Today:	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
3. Personal Care (washing, dressing, etc...)	0. No Pain	1. Mild Pain	2. Moderate Pain, need to go slowly	3. Moderate Pain, needs assistance	4. Severe Pain, needs 100% assistance
4. Travel (Driving)	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 on short trips
5. Daily Routine (Work)	0. Can do usual work plus limited extra work	1. Can do usual work; no extra work	2. Can do 50% of usual work	3. Can do 25% of usual work	4. Cannot work
6. Recreation (Typical fun activities you participate in)	0. Can do all activities	1. Can do most activities	2. Can do some activities	3. Can do few activities	4. Cannot do any activities
7. Frequency of Pain	0. No pain	1. Occasional pain; 25% of the day	2. Intermittent pain; 50% of the day	3. Frequent pain; 75% of the day	4. Constant Pain; 100% of the day
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 at any distance	1. Increased pain after 1 mile	2. Increased pain after ½ mile	3. Increased pain after ¼ mile	4. Increased pain with all walking
10. Standing	0. No pain after several hours	1. Increased pain after several hours	2. Increased pain after 1 hour	3. Increased pain after ½ hour	4. Increased pain with any standing

Patient Signature: _____ Date: _____ Score: _____

Patient Name: _____