

**Functional Rating Index**

Patient Name: \_\_\_\_\_

\*\*\*\*For each item below, please circle the number that clearly indicates your condition right now\*\*\*\*

**Pain Intensity**

0: No pain                      1: Mild pain                      2: Moderate pain                      3: Severe pain                      4: Worst possible pain

**Sleeping**

0: Perfect sleep                      1: Mildly disturbed                      2: Moderately disturbed                      3: Greatly disturbed                      4: Totally disturbed

**Personal Care** (washing, dressing, etc.)

0: No pain (No restrictions)                      1: Mild pain (No restrictions)                      2: Moderate pain (Go slowly)                      3: Moderate pain (Some assistance)                      4: Severe pain (100% assistance)

**Travel** (driving, etc.)

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 short trips

**Work**

0: Usual work + extra                      1: Usual work no extra                      2: 50% of Usual work                      3: 20% of Usual work                      4: Cannot work

**Recreation**

0: All activities                      1: Most activities                      2: Some activities                      3: Few activities                      4: No activities

**Frequency of Pain**

0: No pain                      1: Occasional (25%)                      2: Intermittent (50%)                      3: Frequent (75%)                      4: Constant (100%)

**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

**Walking**

0: No pain with any distance                      1: Increased pain after 1 mile                      2: Increased pain after ½ mile                      3: Increased pain after ¼ mile                      4: Increased pain after any distance

**Standing**

0: No pain with any time                      1: Increased pain after several hours                      2: Increased pain after 1 hour                      3: Increased pain after ½ hour                      4: Increased pain after any time

- Total \_\_\_\_\_ ( /4, x100) = Functional Rating Score \_\_\_\_\_ %
- Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_
- Treating Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_