

## Functional Rating Index

1. Pain Intensity

|         |           |               |             |            |
|---------|-----------|---------------|-------------|------------|
| 0       | 1         | 2             | 3           | 4          |
| No Pain | Mild Pain | Moderate Pain | Severe Pain | Worst Pain |

2. Sleeping

|         |                  |                      |                   |          |
|---------|------------------|----------------------|-------------------|----------|
| 0       | 1                | 2                    | 3                 | 4        |
| Perfect | Mild Disturbance | Moderate Disturbance | Greatly Disturbed | No Sleep |

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

|                 |                            |                   |                      |                      |
|-----------------|----------------------------|-------------------|----------------------|----------------------|
| 0               | 1                          | 2                 | 3                    | 4                    |
| No Restrictions | Mild Pain; no restrictions | Need to go slowly | Need some assistance | Need 100% assistance |

4. Travel (driving, etc.)

|                     |                       |                           |                            |                          |
|---------------------|-----------------------|---------------------------|----------------------------|--------------------------|
| 0                   | 1                     | 2                         | 3                          | 4                        |
| No Pain; Long trips | Mild Pain; Long trips | Moderate Pain; Long trips | Moderate Pain; Short trips | Severe Pain; Short trips |

5. Work

|                            |                           |                         |                         |             |
|----------------------------|---------------------------|-------------------------|-------------------------|-------------|
| 0                          | 1                         | 2                       | 3                       | 4           |
| Usual Work; Plus unlimited | Usual Work; No Extra Work | 50% of Work; Usual Work | 25% of Work; Usual Work | Cannot Work |

6. Recreation

|                |                 |                 |                |               |
|----------------|-----------------|-----------------|----------------|---------------|
| 0              | 1               | 2               | 3              | 4             |
| All Activities | Most Activities | Some Activities | Few Activities | No Activities |

7. Frequency of Pain

|         |                |                |                |                |
|---------|----------------|----------------|----------------|----------------|
| 0       | 1              | 2              | 3              | 4              |
| No Pain | 25% of the day | 50% of the day | 75% of the day | All Day (100%) |

8. Lifting

|                       |                              |                                 |                              |                           |
|-----------------------|------------------------------|---------------------------------|------------------------------|---------------------------|
| 0                     | 1                            | 2                               | 3                            | 4                         |
| No Pain; Heavy weight | Increased Pain; Heavy weight | Increased Pain; Moderate weight | Increased Pain; Light weight | Increased Pain all weight |

9. Walking

|                       |                              |                              |                              |                            |
|-----------------------|------------------------------|------------------------------|------------------------------|----------------------------|
| 0                     | 1                            | 2                            | 3                            | 4                          |
| No Pain; Any distance | Increased Pain; After 1 mile | Increased Pain; After ½ mile | Increased Pain; After ¼ mile | Increased Pain All walking |

10. Standing

|                        |                               |                        |                        |                              |
|------------------------|-------------------------------|------------------------|------------------------|------------------------------|
| 0                      | 1                             | 2                      | 3                      | 4                            |
| No Pain; Several hours | Increased Pain; several hours | Increased Pain; 1 hour | Increased Pain; ½ hour | Increased Pain; any standing |

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_