Functional Rating Index

For each item below, **please circle the number** which most closely describes your condition right now.

1. Pain Intensity

0	1	2	3	4
No Pain	Mild	Moderate	Severe	Worst Possible

2. Frequency of Pain

0	1	2	3	4
No Pain	Occasional 25%	Intermittent 50%	Frequent 75%	Constant 100%

3. Lifting/Strength

0	1	2	3	4
100% No Pain or Difficulty	75% Difficulty with heavy weight	50%	25% Difficulty with light weight	Unable to lift

4. Walking

0	1	2	3	4
No Pain Any distance		Increased Pain Or Difficulty		Unable To Walk Without Pain/Difficulty

5. Standing

0	1	2	3	4
No Pain	Pain After 2+ Hours	Difficulty After 1 Hour	Difficulty after 15 Minutes	Pain with any Standing

6. Sleeping

0	1	2	3	4
Perfect Sleep	Mildly Disturbed	Moderately Disturbed	Greatly Disturbed	Do Not Sleep

7. Personal Care

0	1	2	3	4
No Restrictions		Increased Pain Or Difficulty		Need Assistance

8. Work

0	1	2	3	4
Unlimited	75%	50%	25%	Unable To Work

9. Traveling (Driving, Sitting, Etc.)

0	1	2	3	4
100% Capacity		Increased Pain Or Difficulty		Unable To Travel

10. Recreation

0	1	2	3	4
100% No Restrictions	75%	50%	25%	Can Not Enjoy any Activity

Name:_____ Date:_____