Functional Rating Index

To properly assess your condition, we must understand how much your pain has affected your ability to manage everyday activities. For each item below, please circle the number that most closely describes your condition right now.

1. Pain Intensity

0	1	2	3	4
No pain				Worst pain

2. Sleeping disturbances

0	1	2	3	4
Great sleep				Worst sleep

3. Personal Care (washing, dressing)

0	1	2	3	4
No pain				Worst pain

4. Traveling on long trips

0	1	2	3	4
No pain				Worst pain

5. Work

0	1	2	3	4
No pain				Worst pain

6. Recreation

0	1	2	3	4
Can do				Can't do all

7. Frequency of pain

0	1	2	3	4
No pain				Constant pain

8. Lifting

0	1	2	3	4
No pain				Worst pain

9. Walking

0	1	2	3	4
No pain				Worst pain

10. Standing

0	1	2	3	4
No pain				Worst pain

Patient Signature: _____ Date:_____