

Functional Rating Index/Outcome Assessment

Name _____ Date _____

Please CIRCLE ONE answer for each question:

1. Pain Intensity

- No Pain
- Mild Pain
- Moderate Pain
- Severe Pain
- Worst Possible Pain

6. Recreation

- Can do all activities
- Can do most activities
- Can do some activities
- Can do few activities
- Cannot do any activities

2. Sleeping

- Perfect Sleep
- Mildly disturbed sleep
- Moderately disturbed sleep
- Greatly disturbed sleep
- Totally disturbed sleep

7. Frequency of Pain

- No Pain
- Occasional pain; 25% of the day
- Intermittent pain; 50% of the day
- Frequent pain; 75% of the day
- Constant pain; 100% of the day

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

- No Pain; No restrictions
- Mild Pain; No restrictions
- Moderate Pain; Need to go slowly
- Moderate Pain; Need some assistance
- Severe Pain; Need 100% assistance

8. Lifting

- No pain with heavy weight
- Increased pain with heavy weight
- Increased pain with moderate weight
- Increased pain with light weight
- Increased pain with any weight

4. Travel (driving, etc.)

- No pain on long trips
- Mild pain on long trips
- Moderate pain on long trips
- Moderate pain on short trips
- Severe pain on short trips

9. Walking

- No pain with any distance
- Increased pain after 1 mile
- Increased pain after ½ mile
- Increased pain after ¼ mile
- Increased pain with all walking

5. Work/House Chores/Yardwork

- Can do usual work plus unlimited extra work
- Can do usual work; no extra work
- Can do 50% of usual work
- Can do 25% of usual work
- Cannot work

10. Standing

- No pain after several hours
- Increased pain after several hours
- Increased pain after 1 hour
- Increased pain after ½ hour
- Increased pain with any standing