# Functional Rating Index

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

Patient Name ______________________________ Date ______________

## 1. Pain Intensity

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

## 2. Sleeping

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** Perfect Sleep | **1-** Mildly Disturbed | **2-** Moderately Disturbed | **3-** Greatly Disturbed | **4-** Totally Disturbed Sleep |

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

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** No Pain<br>No Restrictions | **1-** Mild Pain;<br>No Restrictions | **2-** Moderate Pain;<br>Go Slowly | **3-** Moderate Pain;<br>Some Assistance | **4-** Severe Pain;<br>100% Assistance |

## 4. Travel (driving, etc.)

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** No Pain on<br>Long Trips | **1-** Mild Pain on<br>Long Trips | **2-** Moderate Pain on<br>Long Trips | **3-** Moderate Pain on<br>Short Trips | **4-** Severe Pain on<br>Short Trips |

## 5. Work

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** Usual Work + Extra | **1-** Usual Work, No Extra | **2-** 50% of Usual Work | **3-** 25% of Usual Work | **4-** Cannot Work |

## 6. Recreation

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

## 7. Frequency of Pain

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** No Pain | **1-** Occasional (25%) | **2-** Intermittent (50%) | **3-** Frequent (75%) | **4-** Constant (100%) |

## 8. Lifting

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** No Pain with<br>Heavy Weight | **1-** Increased Pain with<br>Heavy Weight | **2-** Increased Pain with<br>Moderate Weight | **3-** Increased Pain with<br>Light Weight | **4-** Increased Pain with<br>Any Weight |

## 9. Walking

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** No Pain with<br>Any Distance | **1-** Increased Pain after<br>1 Mile | **2-** Increased Pain after<br>½ Mile | **3-** Increased Pain after<br>¼ Mile | **4-** Increased Pain after<br>Any Distance |

## 10. Standing

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **0-** No Pain with<br>Any Time | **1-** Increased Pain after<br>Several Hours | **2-** Increased Pain after<br>1 Hour | **3-** Increased Pain after<br>½ Hour | **4-** Increased Pain after<br>Any Time |

Patient or Guardian Signature ______________________________ Date ______________

Total _________ ( /4 X10) = Functional Rating Score _________%