

Functional Rating Index (FRI) ~ Expanded

Patient

Date:

1. What level is your pain RIGHT NOW?

0 1 2 3 4 5 6 7 8 9 10

2. What is your TYPICAL or AVERAGE pain?

0 1 2 3 4 5 6 7 8 9 10

3. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)? X

0 1 2 3 4 5 6 7 8 9 10

What percentage of your awake hours is your pain at its worst? _____ %

4. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)? X

0 1 2 3 4 5 6 7 8 9 10

What percentage of your awake hours is your pain at its best? _____ %

1. Sleeping

0. Perfect sleep 1. Mildly Disturbed Sleep 2. Moderately Disturbed Sleep
3. Greatly Disturbed Sleep 4. Totally Disturbed Sleep

2. Personal Care:

Washing, Dressing, etc

0. No pain No restriction 1. Mild Pain No restriction 2. Moderate Pain Go Slowly
3. Moderate Pain Need Some Help 4. Severe Pain Needs Help

3. Traveling / Driving
Riding

0. No pain on long trips 1. Mild pains on long trip 2. Moderate pain on long trips
3. Moderate pain on short trips 4. Severe pain on short trips

4. Work / Housework

0. Can do usual work plus extra work 1. Can do usual work no extra
2. Can do 50% of usual work 3. Can do 25% usual work 4. Can not work

Which hobbies / recreational activities do you commonly participate in?

1.

3.

2.

4.

5. Recreation

0. Can do all activities 1. Can do most activities 2. Can do some activities
3. Can do few recreational activities 4. Can't do Recreational Activities

6. Lifting

0. No pain with heavy weight 1. increased pain with heavy weight
2. increased pain with moderate weight 3. increased pain with light weight
4. can't safely lift light weights

7. Walking

0. No pain with walking 1. increased pain at 1 mile 2. increased pain 1/2 mile
3. increased pain @ 1/4 mile 4. All walking I increases pain

8. Standing

0. No pain after several hours 1. increased pain after several hours
2. increased pain 1 hour 3. increased pain 1/2 hour 4. any standing increases pain

Section One:

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Section Two:

Initials: