Functional Rating Index

Pain and functional interference questionnaire to assess how pain affects daily activities

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Instructions

Functional Rating Index

Please rate how much your pain interferes with the following daily activities. Select the option that best describes your current functional level for each activity.

Pain Intensity

Rate your overall pain intensity *

- [ ] No pain
- [ ] Mild — occasional, does not require medication
- [ ] Moderate — frequent, requires occasional medication
- [ ] Severe — frequent, requires regular medication
- [ ] Very severe — constant, medication provides limited relief

Sleeping

How much does pain interfere with your sleep? *

- [ ] No difficulty sleeping
- [ ] Slight difficulty, occasionally lose sleep
- [ ] Moderate difficulty, sleep is frequently disturbed
- [ ] Great difficulty, sleep less than 4 hours per night
- [ ] Unable to sleep at all due to pain

Personal Care

How much does pain interfere with personal care (washing, dressing)? *

- [ ] No difficulty with personal care
- [ ] Slight difficulty, can manage independently
- [ ] Moderate difficulty, slow and careful with tasks
- [ ] Need some help with daily care
- [ ] Completely dependent on others for personal care

Travel & Transportation

How much does pain interfere with travel (driving, riding)? *

- [ ] No difficulty with travel
- [ ] Slight discomfort during longer trips
- [ ] Moderate difficulty, limits travel to shorter distances
- [ ] Can only travel short distances with significant pain
- [ ] Unable to travel due to pain

Work & Daily Activities

How much does pain interfere with your work or daily activities? *

- [ ] No interference with work/activities
- [ ] Can do usual work with some extra pain
- [ ] Can do most work, but limited in heavier tasks
- [ ] Can only perform light duties
- [ ] Unable to work or perform daily activities

Recreation & Social Activities

How much does pain interfere with recreation and social activities? *

- [ ] No interference
- [ ] Slight limitation on more energetic activities
- [ ] Moderate limitation, can do some activities
- [ ] Severe limitation, very few activities possible
- [ ] Unable to participate in any recreational activities

Lifting & Bending

How much does pain interfere with lifting or bending? *

- [ ] Can lift and bend without extra pain
- [ ] Can lift and bend with some extra pain
- [ ] Pain prevents lifting heavy objects from the floor
- [ ] Pain prevents lifting anything above light objects
- [ ] Unable to lift or bend at all

Additional Comments

Is there anything else you would like your provider to know about how pain affects your daily life?

Consent & Signature

I confirm that the responses above accurately reflect my current pain levels and functional limitations.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY