COMMUNITY HEALTH SYSTEMS, INC.

# Functional Rating Index

Patient Name:_____ DOB:_____

| | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| **1. Pain Intensity** | No Pain | Mild Pain | Moderate Pain | Severe Pain | Worst Possible Pain |
| **2. Sleeping** | Perfect Sleep | Mildly Disturbed Sleep | Moderately Disturbed Sleep | Greatly Disturbed Sleep | Totally Disturbed Sleep |
| **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. |
| **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 |
| **5. Work** | Can do usual work plus unlimited work. | Can do usual work but no extra work. | Can do 50% of usual work. | Can do 25% of usual work. | Cannot work. |
| **6. Recreation** | Can do all activities. | Can do most activities. | Can do some activities. | Can do a few activities. | Cannot do any activities. |
| **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 |
| **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. |
| **9. Walking** | No pain any distance. | Increased pain after 1 mile. | Increased pain after ½ mile. | Increased pain after ¼ mile. | Increased pain with all walking. |
| **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. |

| **STAFF USE ONLY** DATE | **SCORE** (total divided by .4) | **VERY SEVERE** (61%-100%) | **SEVERE** (41%-60%) | **MODERATE** (21%-40%) | **MINIMAL** (0%-20%) | PLAN |
|---|---|---|---|---|---|---|
| ○ _____ | _____% | _____ | _____ | _____ | _____ | _____ |
| □ _____ | _____% | _____ | _____ | _____ | _____ | _____ |
| X _____ | _____% | _____ | _____ | _____ | _____ | _____ |
| / _____ | _____% | _____ | _____ | _____ | _____ | _____ |