FUNCTIONAL RATING QUESTIONNAIRE

Print Patient Name	Patient Signature	Date

Instructions: Please answer ALL the scales below by circling ONE number on EACH scale that best describes how your condition has affected your ability to manage daily activities over the past three days.

1. Discomfort/pain intensity at its worse over the past three days

No discomfort/pain				Moderate discomfort/pain						Most severe pain
0	1	2	3	4	5	6	7	8	9	10

2. Sleeping

Perfect sleep		Mildly disturbed		Moderately disturbed			Greatly disturbed		Totally disturbed
0	1	2	3	4	5	6	7	8	9	10

3. Daily activities (dressing, washing, lifting, bending, walking, etc.)

No interference				Moderate interference					Unable to Perform
0	1	2	3	4	5	6	7	8	9	10

4. Your ability to control (help/reduce) your discomfort/pain

Completely control it									No control at all
0	1	2	3	4	5	6	7	8	9	10

5. Working both inside and outside the home

Has made work no worse									Has made work much worse
0	1	2	3	4	5	6	7	8	9	10

6. Family, social and recreational activities

Can do all activities				Can do some activities					Cannot do any activities
0	1	2	3	4	5	6	7	8	9	10

7. Sitting (driving, desk work, watching tv, etc.)

No discomfort after several hours		Increased discomfort after several hours		Increased discomfort after 1 hour			Increased discomfort after 30 minutes		Increased discomfort with all sitting
0	1	2	3	4	5	6	7	8	9	10

8. Standing

No discomfort after several hours		Increased discomfort after several hours		Increased discomfort after 1 hour			Increased discomfort after 30 minutes		Increased discomfort with all standing
0	1	2	3	4	5	6	7	8	9	10

9. Rate how anxious (irritable, tense, difficulty relaxing/concentrating, uptight) you have felt due to your discomfort/pain

Not anxious at all				Moderately anxious					Extremely anxious
0	1	2	3	4	5	6	7	8	9	10

Additional Comments _____ Examiner Initials _____

References:
1. Institute of Evidence-Based Chiropractic © 1999 Institute of Evidence-Based Chiropractic, www.chiroevidence.com
2. Bolton JE, Humphreys BK: The Bournemouth Questionnaire: A Short-form Comprehensive Outcome Measure. II. Psychometric Properties in Neck Pain Patients. JMPT 2002; 25 (3): 141 -148.