Functional Recovery Questionnaire

Name **Date**

Self-administered

	Please indicate your answers in this column	*For Office Use*
Q1. During the past week have you worked for pay?	☐ Yes **STOP here. You are done – thank you** ☐ No **Please continue**	Yes = 0 No = 1
Q2. In the past week how much has pain interfered with your ability to work, including housework?	***Please circle one number*** 0 1 2 3 4 5 6 7 8 9 10 ***No interference*** ... ***Unable to carry on any activities***	< 5 = 0 ≥ 5 = 1
Q3. Please check any areas where you have persistent, bothersome pain: ***Please check all that apply***	☐ **(A)** No areas have persistent, bothersome pain ☐ **(B)** Low Back ***with*** *pain, numbness, or tingling that travels down your leg* ***OR*** **(C)** ☐ Low Back ***without*** *any leg pain* ☐ Head ☐ Neck ☐ Shoulder(s) ☐ Arms/Hands ☐ Abdomen/Pelvic Area ☐ Hips/Buttocks ☐ Legs/Feet ☐ Chest/Rib Cage ☐ Upper/Mid Back	(A) = 0 (B) = 1 (C) Two or more = 1 *(Sum of Q's 1-3 ≥ 3 is FRQ +)*
Q4. Since your injury, has your employer offered you light duty, part time work, a flexible schedule, special equipment, or other job modifications if needed to allow you to work?	☐ Yes ☐ No	
Q5. How certain are you that you will be working in six months?	***Please circle one number*** 0 1 2 3 4 5 6 7 8 9 10 ***Not at all certain*** ... ***Extremely certain***	
Q6. Are you concerned that your work will make your injury or pain worse?	☐ Yes ☐ No	***NOT SCORED*** *Q's 4-6 help identify reasons for FRQ + and may help inform care planing*