

DATE _____ PATIENT-ID _____

NAME _____

SOCIAL SECURITY NUMBER _____

THE FUNCTIONAL BAROMETER

PAIN ANALYSIS

A validated questionnaire for function,
activity and pain analysis

The Functional Barometer is developed by senior physician Jan-Rickard Norrefalk MD, PhD. Specialist in Pain Management, Rehabilitation Medicine and Occupational Health in cooperation with Karo Pharma AB



karo[®]
pharma

Karo Pharma AB | +4610-3302310
info@karopharma.se | BOX 16184, 103 24 Stockholm

The Functional Barometer

The Functional Barometer is a simple way to clearly describe and analyze how, and in which way, your pain affects your function, your activities and your quality of life.

The Functional Barometer is a validated self-assessment questionnaire using the WHO's classification of function, disability and health, (ICF).

Your answers and your descriptions will give your doctor the best possible basis from which to make a proper assessment of how your pain affects you and your everyday life. The questionnaire will provide you and your doctor with a common picture of your situation, helping to establish which measures and treatments that need to be deployed and what you can manage despite your pain. The Functional Barometer facilitates the medical investigation, diagnosis and follow-ups, giving a clear direction from which to tailor your individual rehabilitation plan.

The Functional Barometer is to assist you and your doctor in remembering all of the most important questions regarding your pain problems, but also to help in follow-ups and referrals to other specialists, with the overall goal of improving your situation and easing your pain.

Using the Functional Barometer's Pain Analysis, you are asked to mark the five-point scale (from 0 No problem, 1 Slight problem, 2 Moderate problem, 3 Large problem, 4 Extreme problem) next to the question to find out how pain affects you in your different tasks.

Some questions provide space to describe your situation in your own words, as well as to make a note about your own ambitions and goals. Remember that pain is an individual experience of discomfort. You are the one that can describe your own situation best. Do not hesitate to bring up your questions and thoughts to your doctor.

Function/Activity Please mark your answer with an X in the boxes

Due to your pain, how do you experience problems such as...	No problem	Slight problem	Moderate problem	Large problem	Extreme problem
1 Getting dressed? <small>(ICF: d 540)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Joint mobility? <small>(ICF: b 710)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Muscle weakness? <small>(ICF: b 730)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Muscular endurance? <small>(ICF: b 740)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Walking? <small>(ICF: d 450)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Climbing stairs? <small>(ICF: d 4551)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Maintaining a sitting position? <small>(ICF: d 4153)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Making your bed? <small>(ICF: d 641)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Doing housework? <small>(ICF: d 640)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Carrying, moving and handling objects? <small>(ICF: d 430)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Driving motorized vehicles? <small>(ICF: d 4751)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have a drivers licence <input type="checkbox"/>					
12 Using transportation? <small>(ICF: d 470)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Other activities that causes you problems due to your pain?	<input type="text"/>				

Quality of life Please mark your answer with an X in the boxes

Due to pain, how do you experience...	No problem	Slight problem	Moderate problem	Large problem	Extreme problem
14 Sleep quality? <small>(ICF: b 134)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Energy and drive? <small>(ICF: b 130)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Cognitive functions (concentration)? <small>(ICF: b 160)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Handling stress and other psychological demands? <small>(ICF: d 240)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Emotional stability? <small>(ICF: b 152)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Digestion? <small>(ICF: b 535)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Recreation and leisure? <small>(ICF: d 920)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Family relationships? <small>(ICF: d 760)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Informal social relationships? <small>(ICF: d 750)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Economic self-sufficiency? <small>(ICF: d 870)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Paid employment? <small>(ICF: d 850)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain Please mark your answer with an X in the boxes

Due to pain, how would you rate:	No problem	Slight problem	Moderate problem	Large problem	Extreme problem
25 Your pain right now? <small>(ICF: b 280)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Your average pain during the last week? <small>(ICF: b 280)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Your pain when it is at its best? <small>(ICF: b 280)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Your pain when it is at its worse? <small>(ICF: b 280)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work/Daily Activity

29. Are you currently in employment? Full time Part time % or hours a day No

30. Education?

31. Profession?

32. Tasks at work?

Please mark your answer
with an X in the boxes

No problem Slight problem Moderate problem Large problem Extreme problem

33. Do you see any problems at your workplace preventing you from returning to work?

I am already back to work

34. How do you rate the possibility of going back to work or extending your working hours?

I am already working full time

35. Are you on sick leave? Full time Part time % since date (year) No

36. Do you have a permanent sickness benefit or early retirement pension? Full time Part time % since date (year) No

37. Do you have an ongoing insurance case that has not yet been resolved? Insurance case Occupational injury case Other No

38. What would you like to do if you felt a little better?
