Appendix C – Physical Functional Ability Questionnaire (FAQ5)

This tool has not been validated for research; however, work group consensus was to include it as an example due to the lack of other validated and easy-to-use functional assessment tools for chronic pain.

Name: ______________________

Date: ______________________

Date of Birth: ______________________

MR #: ______________________

Instructions: Circle the number (1-4) in each of the groups that best summarizes your ability.

Add the numbers and multiply by 5 for total score out of 100.

_______ **Self-care ability assessment**

1. Require total care: for bathing, toilet, dressing, moving and eating
2. Require frequent assistance
3. Require occasional assistance
4. Independent with self-care

_______ **Family and social ability assessment**

1. Unable to perform any: chores, hobbies, driving, sex and social activities
2. Able to perform some
3. Able to perform many
4. Able to perform all

_______ **Movement ability assessment**

1. Able to get up and walk with assistance, unable to climb stairs
2. Able to get up and walk independently, able to climb one flight of stairs
3. Able to walk short distances and climb more than one flight of stairs
4. Able to walk long distances and climb stairs without difficulty

_______ **Lifting ability assessment**

1. Able to lift up to 10 lbs. occasionally
2. Able to lift up to 20 lbs. occasionally
3. Able to lift up to 50 lbs. occasionally
4. Able to lift over 50 lbs. occasionally

_______ **Work ability assessment**

1. Unable to do any work
2. Able to work part-time **and** with physical limitations
3. Able to work part-time **or** with physical limitations
4. Able to perform normal work

_______ **Physical Functional Ability (FAQ5) Score**

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Physical Functional Ability Questionnaire (FAQ5) Information Sheet

The Physical Functional Ability Questionnaire (FAQ5) was developed as a clinical assessment tool for patients with chronic pain and disability issues. This tool can provide a "snapshot" of the patient's self-perception of his or her physical functional ability at one point in time, without reference to pain perception. The tool was developed for ease of use in a busy clinical practice. The time for a patient, or family member, to complete the questionnaire is usually one to two minutes, and scoring is easily completed within seconds. This tool is adaptable to electronic medical records (EMR) to allow tracking over time, and total and/or subset numerical scores may be entered into the EMR by support staff, medical clinician or patient.

All references to pain perception have been excluded, and all elements of physical function referenced by this questionnaire are directly observable or measurable, except for Work Ability. Self-Care Ability is the equivalent of Activities of Daily Living (ADLs), and Family and Social Ability is the equivalent of Instrumental Activities of Daily Living (IADLs). Movement Ability is easily observed indirectly by clinicians, and Lifting Ability could be simply tested by observing the patient lifting one or more reams of copy paper (each 500 sheet ream weighs about five pounds). Lifting Ability weight levels correlate with U.S. Department of Labor and Industry physical demand work levels and energy requirements: Sedentary – 10 pounds occasional/1.5 to 2.1 METs; Light – 20 pounds occasional/2.2 to 3.5 METs; Medium – 20-50 pounds occasional/3.6 to 6.3 METs; Heavy – 50 to 100 pounds occasional/6.4 to 7.5 METs.

Because this tool measures an individual's self-perception of physical function, it is not by itself a measure of impairment (any loss or abnormality of anatomical or physiological structure or function, permanent or temporary) or disability (inability to perform a major life activity, including work, because of an impairment). Disability is usually defined by an insurance company or governmental agency, such as the Veterans Administration or Social Security Administration.

The utility of the FAQ5 is greatest in several areas:

1. Establishing a simple baseline measure of physical function from which to begin a physical rehabilitation program.
2. Establishing a simple physical functional goal toward which to aim a physical rehabilitation program.
3. A periodic measure of progress (or lack of progress) toward a functional rehabilitation program goal.
4. Establishing a subjective baseline and framework against which objective findings of physical dysfunction may be compared during a clinical evaluation or assessment of patients claiming disability benefits.

Use of the FAQ5 global score (25-100) provides a simple numerical score for comparison of past or current perceptions with future goals. Most patients with chronic pain or those seeking disability benefits have initial scores in the range of 40 to 60. In patients with chronic pain and those seeking disability benefits, discordance is common between elements within the FAQ5, or between the FAQ5 and observed physical function. Discordances may provide clues to psychosocial risk factors, which can contribute to perpetuation of chronic pain and disability behaviors, that need to be addressed as part of a treatment and rehabilitation program. For example, discordance between the patient's perception of physically observable elements (ADLs, IADLs, movement and lifting) and self-perceived work capacity may indicate some degree of reluctance to return to work.

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