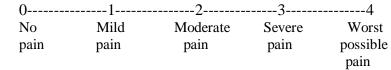
Functional Rating Index

For use with <u>Neck and/or Back Problems</u>

In order to properly assess your condition, we must understand how much your <u>neck and/or back problems</u> have affected your ability to manage everyday activities. For each item, please **circle** the number which most closely describes your condition right now.

1. Pain Intensity



2. Sleeping

0	1		3	4
Perfect	Mildly	Moderately	Greatly	Totally
sleep	disturbed	disturbed	disturbed	disturbed
-	sleep	sleep	sleep	sleep

3. Personal Care (washing, dressing, etc.)

0	1	2	3	4
No	Mild	Moderate	Moderate	Severe
pain;	pain;	pain; need	pain; need	pain; need
no	no	to go slowly	some	100%
restrictions	restrictions		assistance	assistance

4. Travel (driving, etc.)

0		??	3	4
No	Mild	Moderate	Moderate	Severe
pain on	pain on	pain on	pain on	pain on
long trips	long trips	long trips	short trips	short trips

5. Work

0	1	2	3	4
Can do	Can do	Can do	Can do	Cannot
usual work	usual work	50% of	25% of	work
plus unlimited	no extra	usual	usual	
extra work	work	work	work	

Signature:

Name: _____

_(Printed)

6. Recreation

0	1	22	3	4
Can do	Can do	Can do	Can do	Cannot
all	most	some	a few	do any
activities	activities	activities	activities	activities

7. Frequency of pain

0	1		3	<i>_</i>
No	Occasional	Intermittent	Frequent	Constant
pain	pain; 25%	pain; 50%	pain; 75%	pain; 100%
-	of the day	of the day	of the day	of the day

8. Lifting

0	1	22		4
No	Increased	Increased	Increased	Increased
pain with				
heavy	heavy	moderate	light	any
weight	weight	weight	weight	weight

9. Walking

0		2	3	4
No pain;	Increased	Increased	Increased	Increased
any	pain after	pain after	pain after	pain with
distance	1 mile	¹∕₂ mile	¹ /4 mile	all walking

10. Standing

0	1	2	3	4
No pain	Increased	Increased	Increased	Increased pain with
after	pain	pain	pain	
several	after several hours	after	after	any
hours		1 hour	½ hour	standing

Date:

Total Score: _____