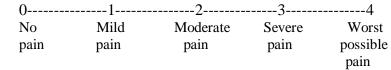
Functional Rating Index

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: _____