Functional Rating Index

For use with Neck and/or Back Problems

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

1. **Pain Intensity**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
No pain	Mild pain	Moderate pain	Severe pain	Worst possible pain

2. **Sleeping**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Perfect sleep	Mildly disturbed sleep	Moderately disturbed sleep	Greatly disturbed sleep	Totally disturbed sleep

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

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

4. **Travel (driving, etc.)**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips

5. **Work**

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

6. **Recreation**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Can do all activities	Can do most activities	Can do some activities	Can do a few activities	Cannot do any activities

7. **Frequency of pain**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
No pain	Occasional pain; 25% of the day	Intermittent pain; 50% of the day	Frequent pain; 75% of the day	Constant pain; 100% of the day

8. **Lifting**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
No pain with heavy weight	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

9. **Walking**

☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
No pain; any distance	Increased pain after 1 mile	Increased pain after ½ mile	Increased pain after ¼ mile	Increased pain with all walking

10. **Standing**

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

Name: _____(Printed)

Signature: _____ Date: _____ Total Score: 0