

Functional Rating Index

For use with **NECK and/or BACK** problems only

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 below, please circle the number **which most closely describes your condition right now**.

1. Pain Intensity

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

2. Sleeping

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

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

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

4. Travel

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

5. Work

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

6. Recreation

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

7. Frequency of pain

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

8. Lifting

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

9. Walking

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

10. Standing

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Possible Pain

Signature _____

Date _____

Name _____

Total score _____