

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

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 1/2 Mile	Increased Pain After 1/4 Mile	Increased Pain With Any 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 1/2 Hour	Increased Pain With Any Standing

Name: _____

Signature: _____

Date: _____

ID#/SS# _____

Plan ID: _____

Total Score: _____