

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 one choice which most closely describes your condition right now.

1. Pain Intensity

No pain Mild pain Moderate pain Severe pain Worst possible pain

6. Recreation

No pain Mild pain Moderate pain Severe pain Worst possible pain

2. Sleeping

Perfect sleep Mildly disturbed sleep Moderately disturbed sleep Greatly disturbed sleep Totally disturbed sleep

7. Frequency of Pain

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

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

No pain no restrictions Mild pain no restrictions Moderate pain; need to go slowly Moderate pain; need some assistance Severe pain; need 100% assistance

8. Lifting

No pain w/heavy weight Increased pain with heavy weight Increased pain with moderate weight Increased pain with light weight Increased pain with any weight

4. Travel (driving, etc.)

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

9. Walking

No pain any distance Increased pain after 1 mile Increased pain after 1/2 mile Increased pain after 1/4 mile Increased pain with all walking

5. Work

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

10. Standing

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 _____ Total Score _____

PRINTED

Signature

Date