

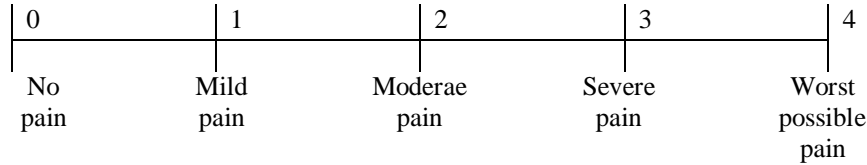
Functional Rating Index

For use with Neck and/or Back Problems only.

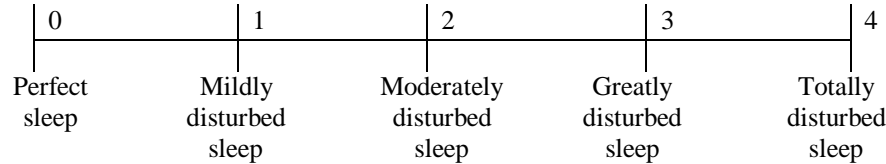
In order to properly assess your condition we must understand how much your neck and/or back problems have affected your ability to manage everyday activities.

For each item below, please circle the number which most closely describes your condition right now.

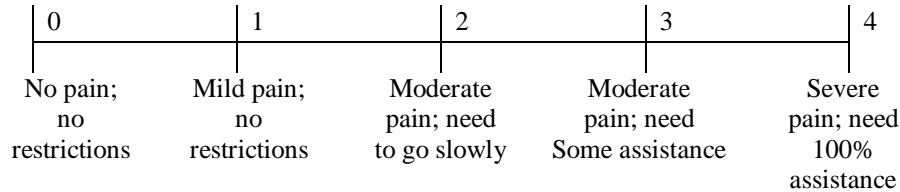
1. Pain Intensity



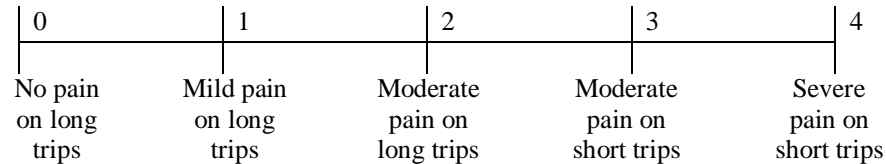
2. Sleeping



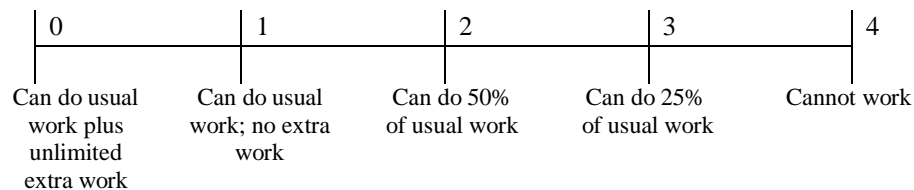
3. Personal Care (washing, dressing, etc.)



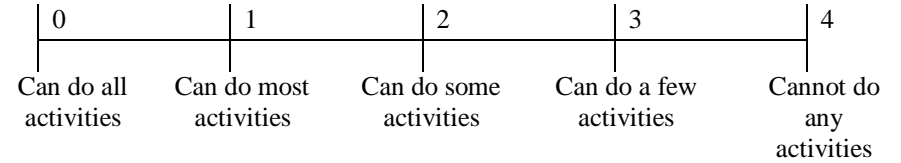
4. Travel (driving, etc.)



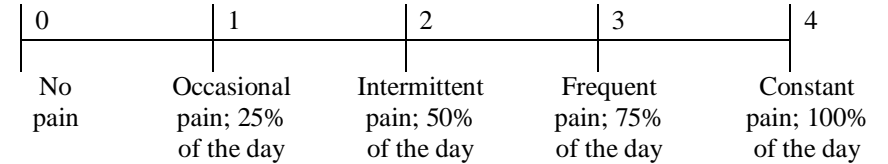
5. Work



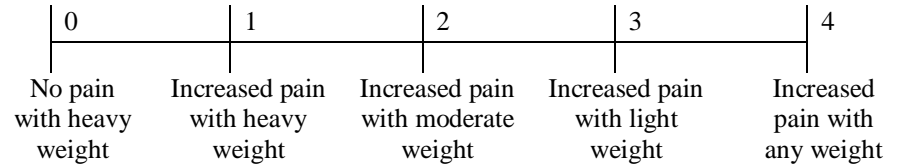
6. Recreation



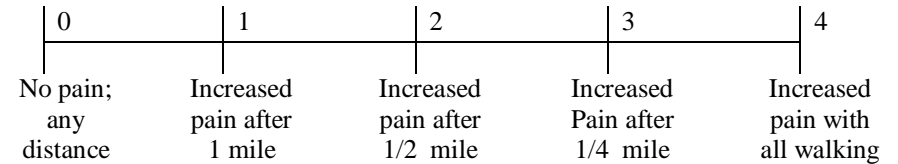
7. Frequency of Pain



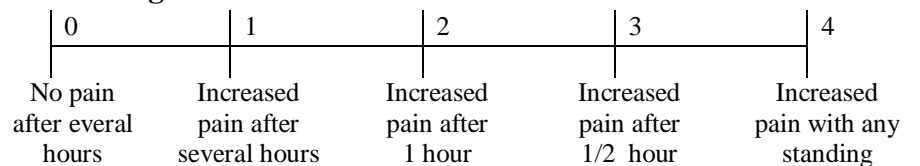
8. Lifting



9. Walking



10. Standing



Name _____
Printed

Office Use Only: Total Score _____

Signature

Date