

# FUNCTIONAL RATING INDEX

For use With Neck and/or Back Problems Only

Patient Name \_\_\_\_\_

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 Moderately disturbed Greatly disturbed Totally disturbed

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

|0 \_\_\_\_\_ |1 \_\_\_\_\_ |2 \_\_\_\_\_ |3 \_\_\_\_\_ |4 \_\_\_\_\_  
No Pain, no restriction Mild Pain no restrictions Moderate Pain need to go slowly Moderate Pain need 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 day Intermittent pain 50% of day Frequent pain 75% of day Constant pain 100% of 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 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 1/2 hour Increased pain with any standing

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_