

# 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 answer which most closely describes your condition right now.**

<b>1. Pain Intensity</b>	No pain (0)	Mild pain (1)	Moderate pain (2)	Severe pain (3)	Worst possible pain (4)
<b>2. Sleeping</b>	Perfect sleep (0)	Mildly disturbed sleep (1)	Moderately disturbed sleep (2)	Greatly disturbed sleep (3)	Totally disturbed sleep (4)
<b>3. Personal Care (washing, dressing etc.)</b>	No pain no restrictions (0)	Mild pain no restrictions (1)	Moderate pain need to go slowly (2)	Moderate pain need some assistance (3)	Severe pain need 100% assistance (4)
<b>4. Travel (driving, etc.)</b>	No pain on long trips (0)	Mild pain on long trips (1)	Moderate pain on long trips (2)	Moderate pain on short trips (3)	Severe pain on short trips (4)
<b>5. Work</b>	Can do usual work plus unlimited extra work (0)	Can do usual work no extra work (1)	Can do 50% of usual work (2)	Can do 25% of usual work (3)	Cannot work (4)
<b>6. Recreation</b>	Can do all activities (0)	Can do most activities (1)	Can do some activities (2)	Can do few activities (3)	Cannot do any activities (4)
<b>7. Frequency of pain</b>	No pain (0)	Occasional pain 25% of day (1)	Intermittent pain 50% of the day (2)	Frequent pain 75% of the day (3)	Constant pain 100% of the day (4)
<b>8. Lifting</b>	No pain with heavy weight (0)	Increased pain with heavy weight (1)	Increased pain with moderate weight (2)	Increased pain with light weight (3)	Increased pain with any weight (4)
<b>9. Walking</b>	No pain any distance (0)	Increased pain after 1 mile (1)	Increased pain after ½ mile (2)	Increased pain after ¼ mile (3)	Increased pain any distance (4)
<b>10. Standing</b>	No pain after several hours (0)	Increased pain after several hours (1)	Increased pain after 1 hour (2)	Increased pain after ½ hour (3)	Increased pain with any standing (4)

Name: \_\_\_\_\_

PRINTED

\_\_\_\_\_ Date

Total Score \_\_\_\_\_