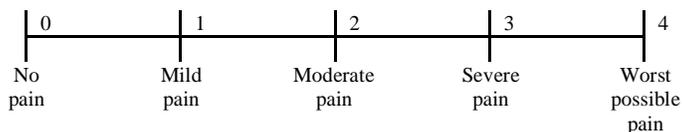


# Functional Rating Index

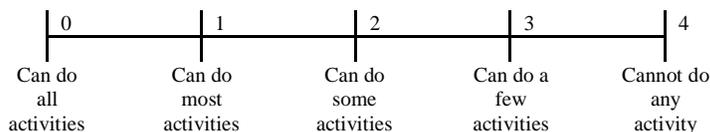
For use with Neck and/or Back Problems only.

In order to properly assess your condition, we must understand how much your **neck and/or back problems** has affected your ability to manage everyday activities. For each item below, **please circle the number which most closely describes your condition right now.**

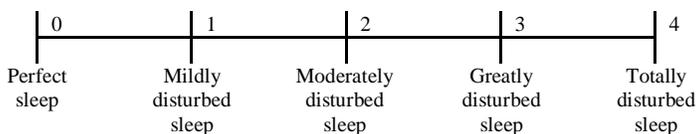
## 1. Pain Intensity



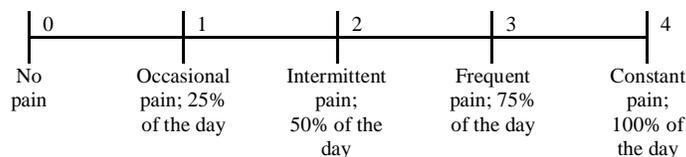
## 6. Recreation



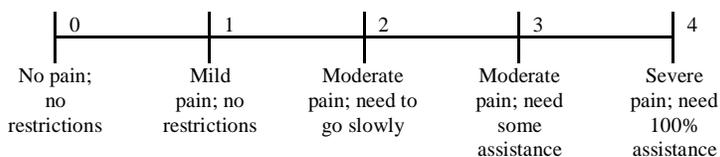
## 2. Sleeping



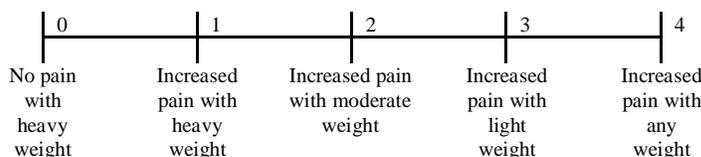
## 7. Frequency of Pain



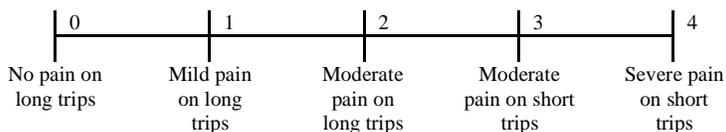
## 3. Personal Care (washing, dressing, etc.)



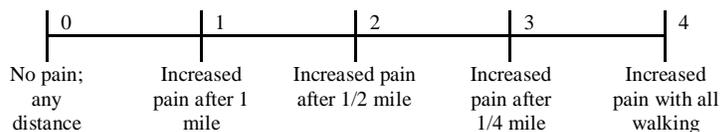
## 8. Lifting



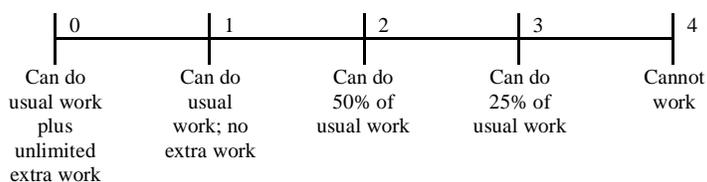
## 4. Travelling (driving, etc.)



## 9. Walking



## 5. Work



## 10. Standing



\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Practitioner ID#: \_\_\_\_\_

Total Score \_\_\_\_\_ / 40

Clinical Diagnosis Codes:

Patient ID#: \_\_\_\_\_