

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

| | | | | |
|---------|-----------|---------------|-------------|---------------------|
| 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 sleep | Moderately disturbed sleep | Greatly disturbed sleep | Totally disturbed sleep |

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

| | | | | |
|--------------------------|----------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| 0 | 1 | 2 | 3 | 4 |
| No pain; no restrictions | Mild pain; no restrictions | Moderate pain; need to go slowly | Moderate pain; need some 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 the day | Intermittent pain; 50% of the day | Frequent pain; 75% of the day | Constant pain; 100% of the 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 |

Name _____ ID# _____

PRINTED

Plan ID _____ Total Score _____

Revised 10/07

Signature _____

Date _____