

Patient Name: _____

Date: _____ Acct #: _____

Functional Rating Index

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

Pain intensity

0	1	2	3	4
No pain	Mild pain	Moderate Pain	Severe Pain	Worst possible pain

Sleeping

0	1	2	3	4
Perfect sleep	Mildly disturbed	Moderately disturbed	Greatly disturbed	Totally disturbed

Personal Care (washing, dressing, ect)

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

Travel (driving, ect.)

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

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

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

Frequency of pain and/or numbness

0	1	2	3	4
No pain and/or numbness	Occasional pain and/or numbness 25% of the day	Intermittent pain and/or numbness 50% of the day	Frequent pain and/or numbness 75% of the day	Constant pain and/or numbness 100% of the day

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

Walking

0	1	2	3	4
No pain any distance	Increased pain after 1 mile	Increased pain after ½ mile	Increased pain after ¼ mile	Increased pain with all walking

Standing

0	1	2	3	4
No pain after several hours all activities	Increased pain after several hours	Increased pain after 1 hour	Increased pain after ½ hour	Increased pain with any standing