

Patient's Name: _____ Date: _____

FUNCTIONAL RATING INDEX

For Neck and/or Back Problems only: Please circle the number which most closely describes your condition *right now*.

Section 1 - Pain Intensity

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

Section 2 - Sleeping

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

Section 3 - Personal Care (Washing, Dressing, etc.)

- 0) No pain; No restrictions
- 1) Mild pain; No restrictions
- 2) Moderate pain; Need to go slowly
- 3) Moderate pain; Need some assistance
- 4) Severe pain; Need 100% assistance

Section 4 - Traveling (driving, etc.)

- 0) No pain on long trips
- 1) Mild pain on long trips
- 2) Moderate pain on long trips
- 3) Moderate pain on short trips
- 4) Severe pain on short trips

Section 5 - Work

- 0) Can do usual work plus unlimited extra work
- 1) Can do usual work but *no* extra work
- 2) Can do 50% of usual work
- 3) Can do 25% of usual work
- 4) Cannot work

Section 6 - Recreation

- 0) Can do all activities
- 1) Can do most activities
- 2) Can do some activities
- 3) Can do a few activities
- 4) Cannot do any activities

Section 7 - Frequency of Pain

- 0) No pain
- 1) Occasional pain; 25% of the day
- 2) Intermittent pain; 50% of the day
- 3) Frequent pain; 75% of the day
- 4) Constant pain; 100% of the day

Section 8 - Lifting

- 0) No pain with heavy weight
- 1) Increased pain with heavy weight
- 2) Increased pain with moderate weight
- 3) Increased pain with light weight
- 4) Increased pain with any weight

Section 9 - Walking

- 0) No pain; Any distance
- 1) Increased pain after 1.0 mile
- 2) Increased pain after 1/2 mile
- 3) Increased pain after 1/4 mile
- 4) Increased with all walking

Section 10 - Standing

- 0) No pain after several hours
- 1) Increased pain after several hours
- 2) Increased pain after 1 hour
- 3) Increased pain after 1/2 hour
- 4) Increased pain with any standing