

## 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 one choice which most closely describes your condition right now.

### 1. Pain Intensity

No pain, Mild pain, Moderate pain, Severe pain, Worst possible pain

### 2. Sleeping

Perfect sleep, Mildly disturbed, Moderately disturbed, Greatly disturbed, Totally disturbed sleep

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

No pain no restrictions, Mild pain no restrictions, Moderate pain; need to go slow,  
Moderate pain; need some assistance, Severe pain; need 100% assistance

### 4. Sitting

No pain on sitting, Mild pain on long trips, Increased pain after 1 hour, Increased pain after 30 minutes,  
Severe pain on sitting

### 5. Chores (vacuum, cleaning, cooking, yard work)

Can do usual work plus unlimited extra work, Usual work, no extra work, 50% of usual work,  
25% of usual work, Cannot work

### 6. Recreation/Exercise

No pain, Mild pain, Moderate pain, Severe pain, Worst possible pain

### 7. Frequency of Pain

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

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

No pain any distance, Increased pain after 1 mile, Increased pain after ½ mile ,  
Increased pain after ¼ mile, Increased pain with all walking

### 10. Standing

No pain after several hours, Increased pain after 1 hour, Increased pain after 30 minutes,  
Increased pain after 15 minutes, Increased pain with any standing

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

Signature \_\_\_\_\_ Date \_\_\_\_\_