

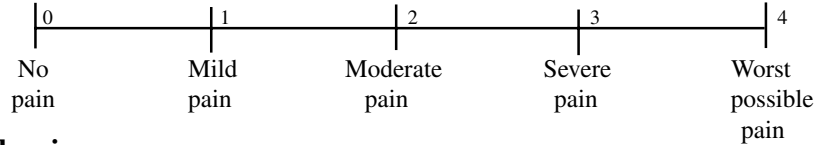
Functional Rating Index

For use with **Neck, Back and/or other Problem(s)**.

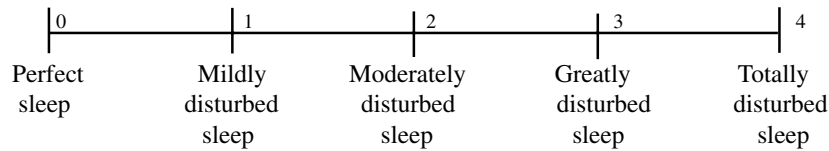
In order to properly assess your condition, we must understand how much your **neck, back and/or other problem(s)** have affected your ability to manage everyday activities.

For each item below, please circle the number which most closely describes your condition right now.

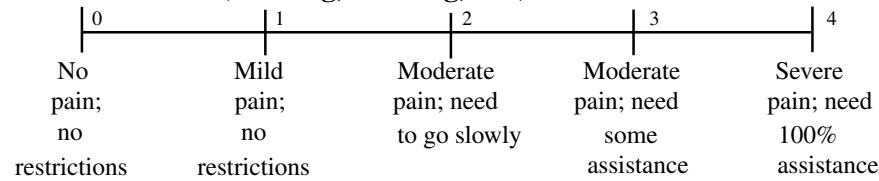
1. Pain Intensity



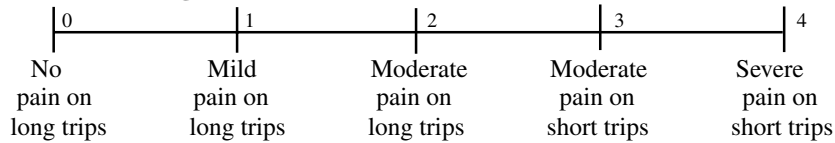
2. Sleeping



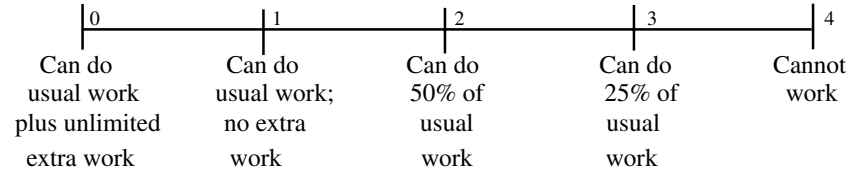
3. Personal Care (washing, dressing, etc.)



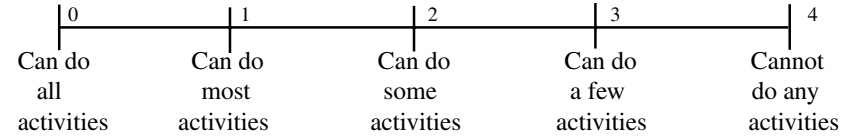
4. Travel (driving, etc.)



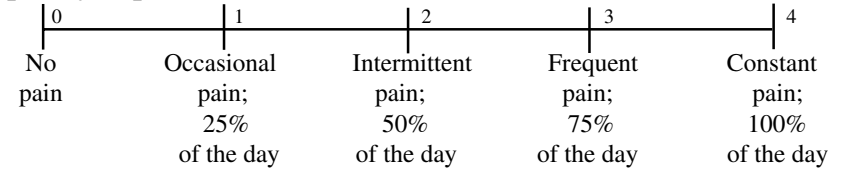
5. Work



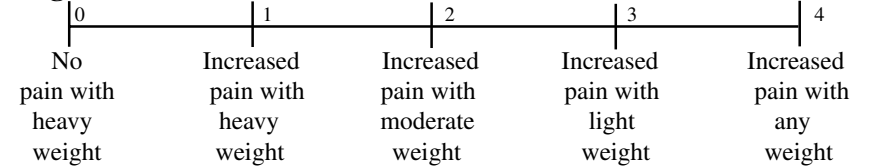
6. Recreation



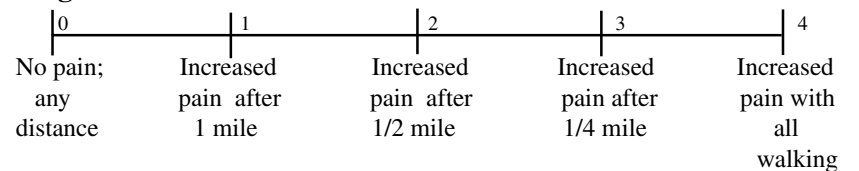
7. Frequency of pain



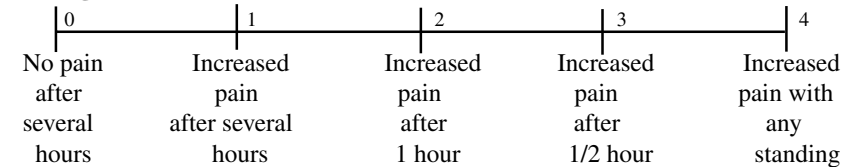
8. Lifting



9. Walking



10. Standing



Name _____

PRINTED

Total Score _____

Signature _____

Date _____