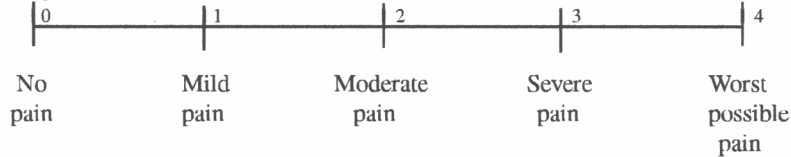


# Functional Rating Index

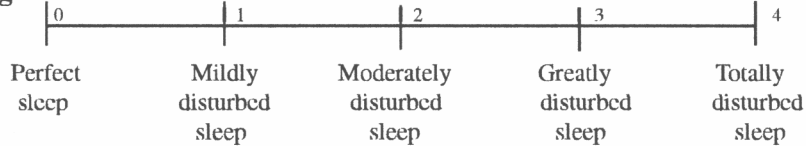
For use with **Neck and/or Back Problems** only.

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.**

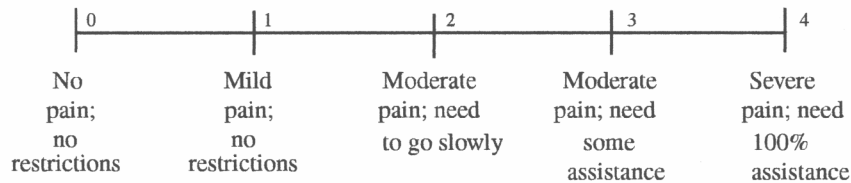
## 1. Pain Intensity



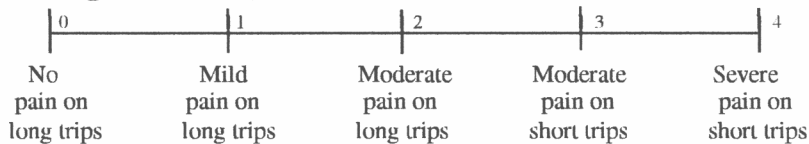
## 2. Sleeping



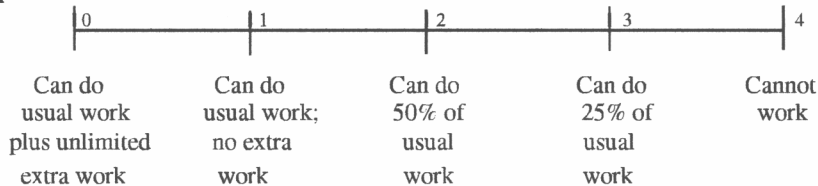
## 3. Personal Care (washing, dressing, etc.)



## 4. Travel (driving, etc.)

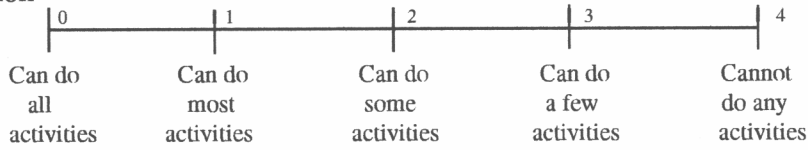


## 5. Work

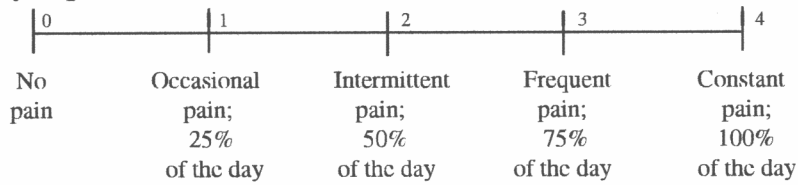


**Please Turn Over**

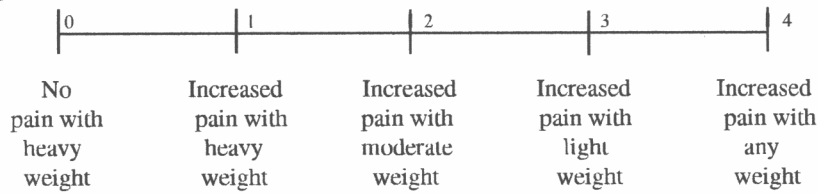
**6. Recreation**



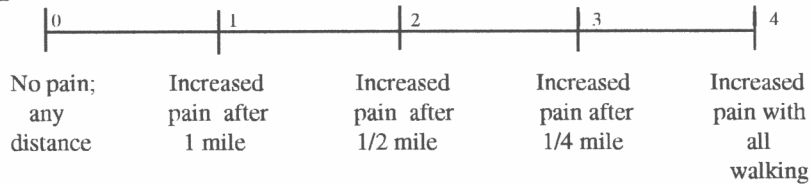
**7. Frequency of pain**



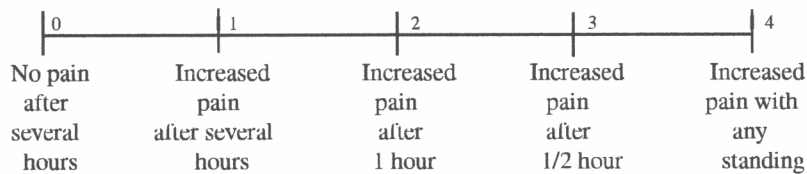
**8. Lifting**



**9. Walking**



**10. Standing**



\_\_\_\_\_  
**Patient's Signature**

\_\_\_\_\_  
**Date**