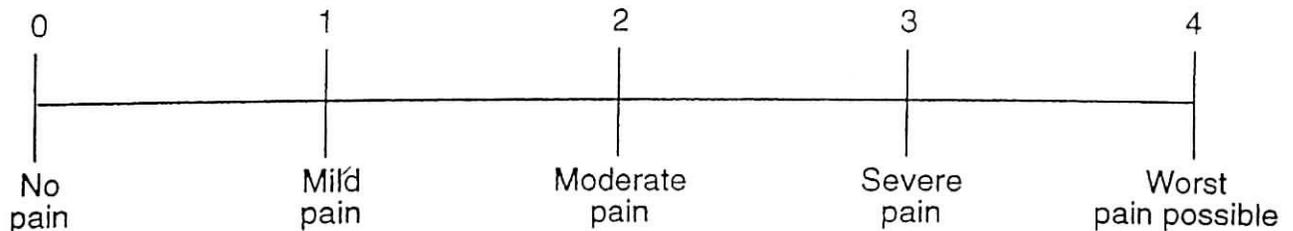


# Functional Rating Index

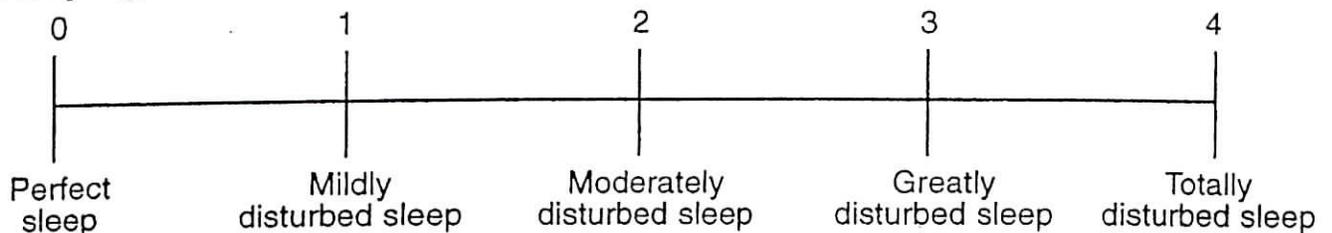
For use with Neck and/or Back Problems only.

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.

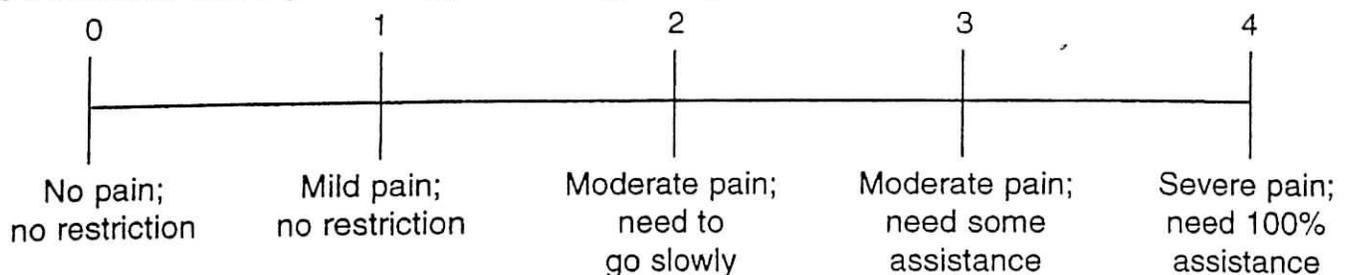
## 1. Pain Intensity



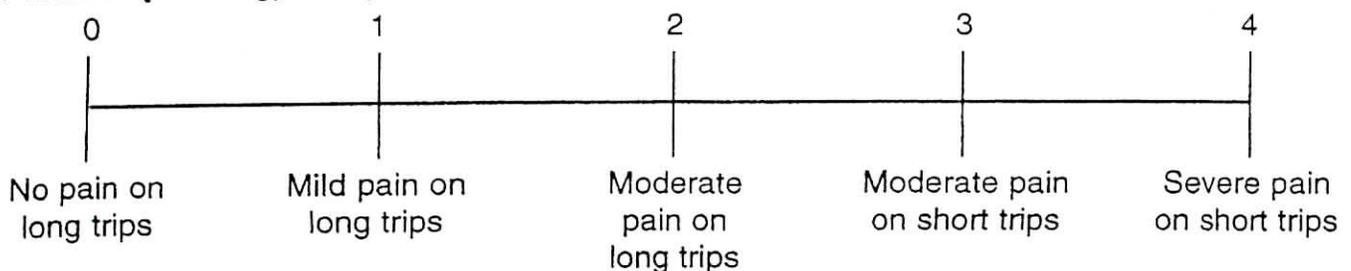
## 2. Sleeping



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



## 4. Travel (driving, etc.)

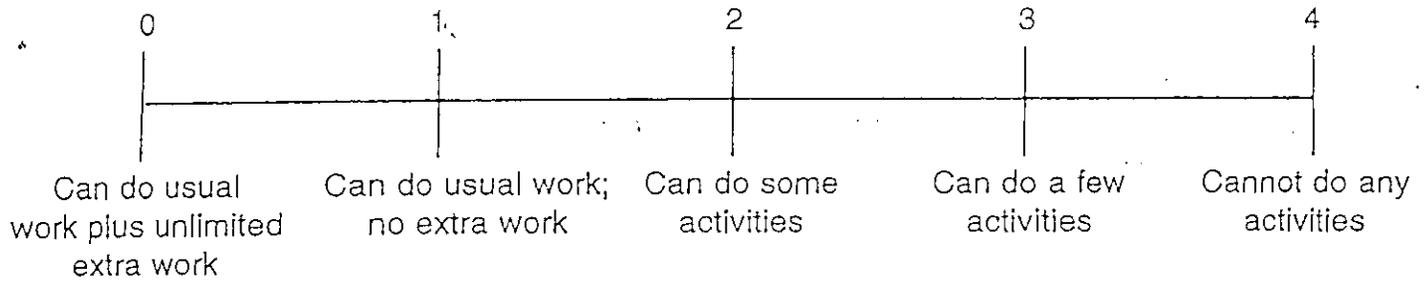


(Please Turn Over)

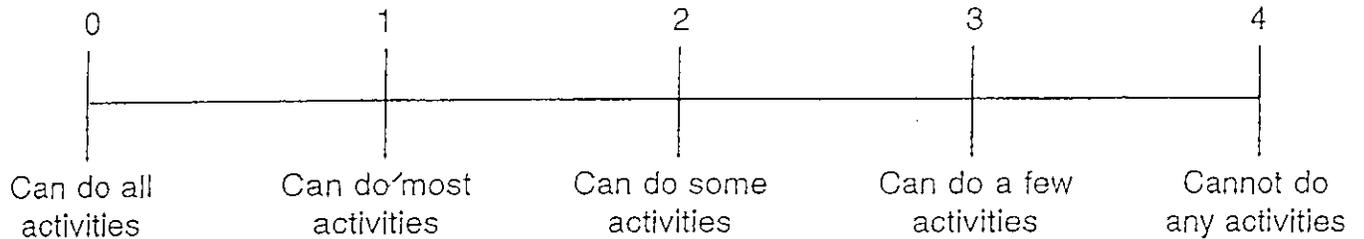
\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

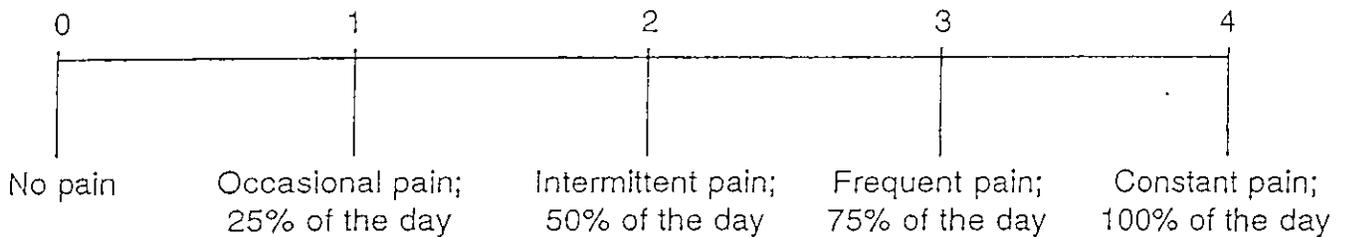
### 5. Work



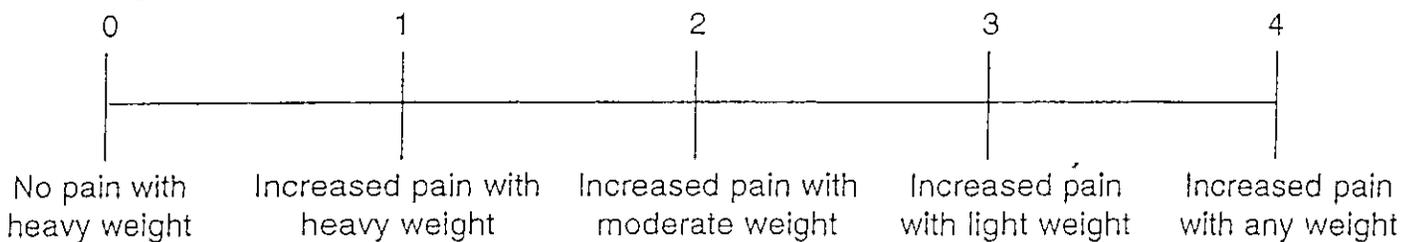
### 6. Recreation



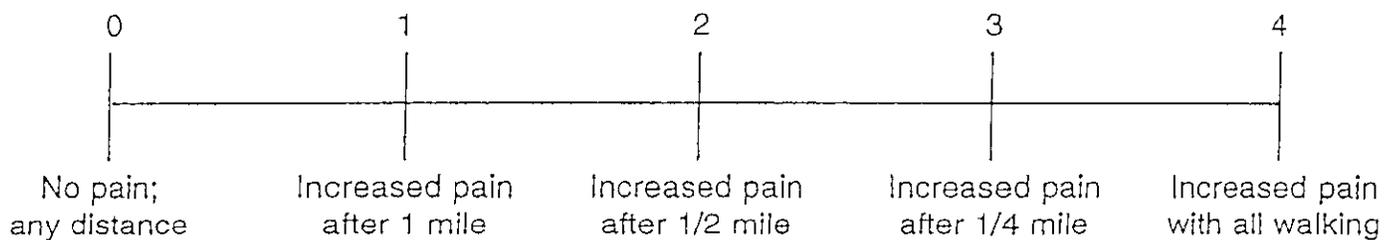
### 7. Frequency of Pain



### 8. Lifting



### 9. Walking



### 10. Standing

