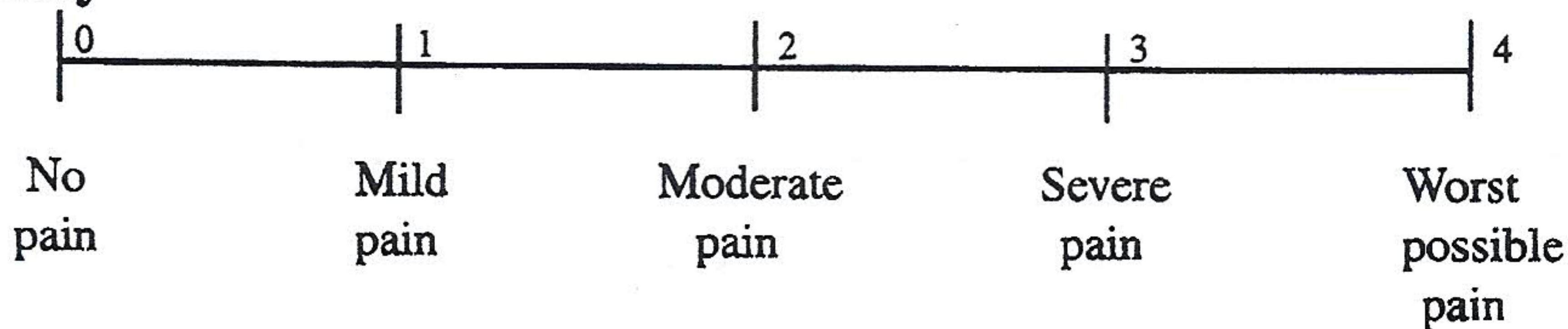


# Functional Rating Index

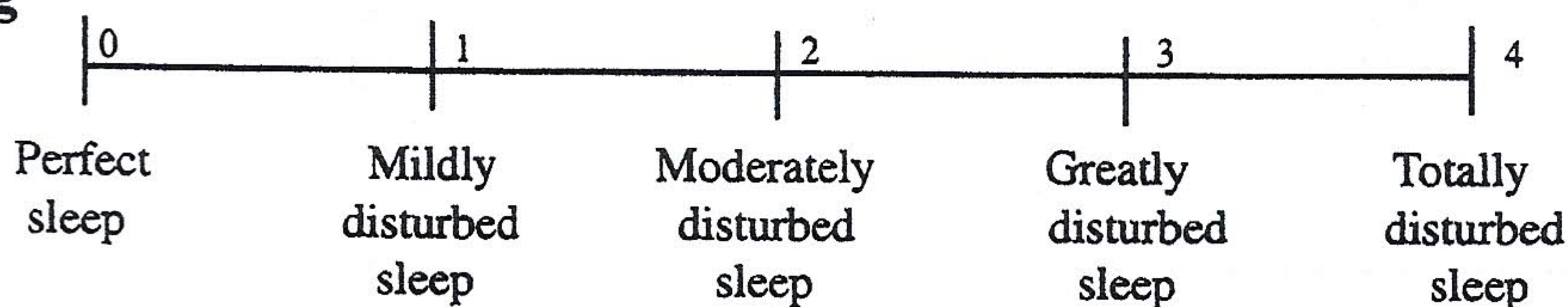
For use with Neck and/or Back Problems only.

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.

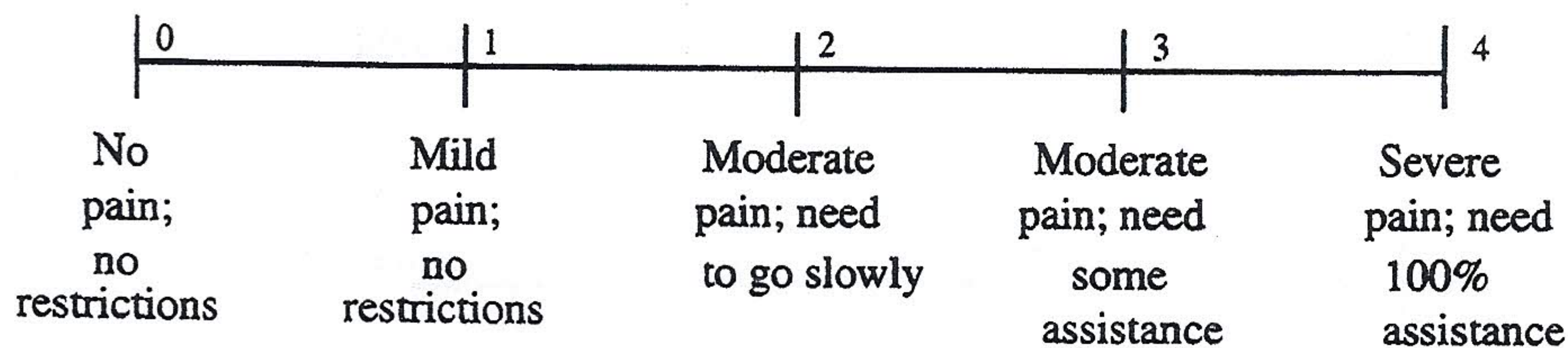
## 1. Pain Intensity



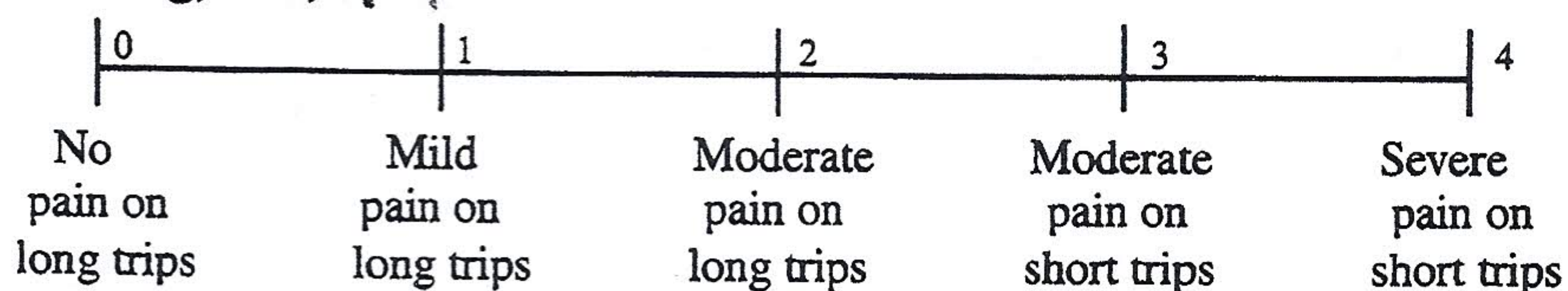
## 2. Sleeping



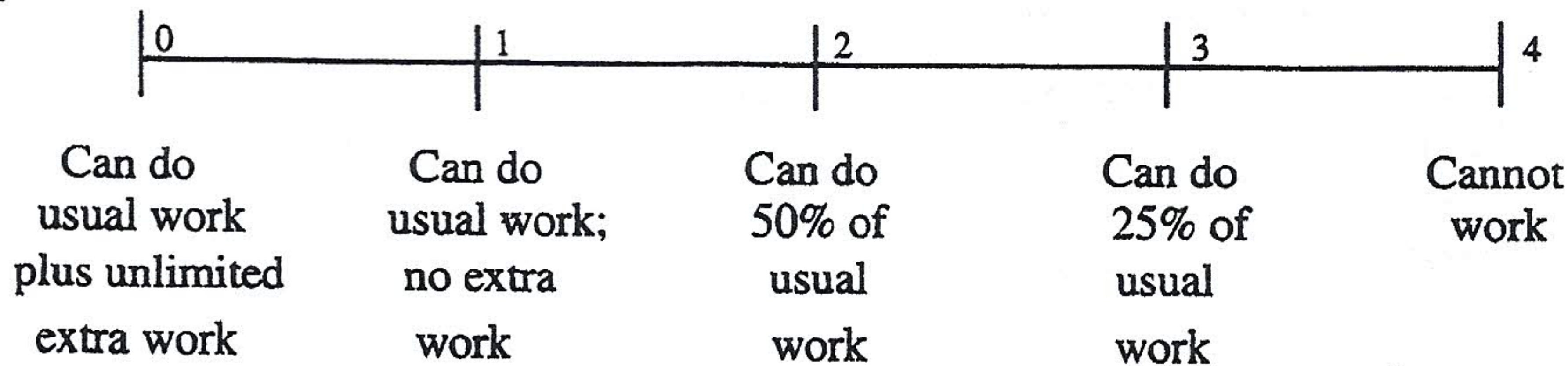
## 3. Personal Care (washing, dressing, etc.)



## 4. Travel (driving, etc.)



## 5. Work

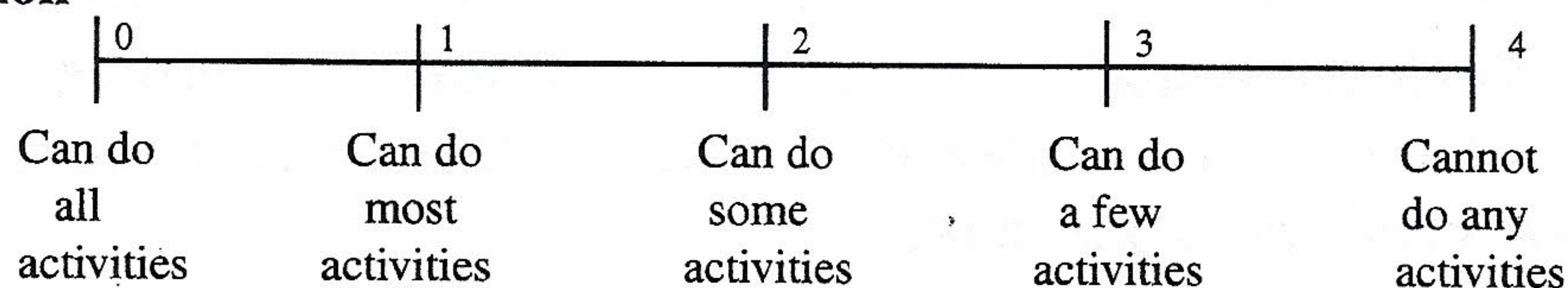


# Functional Rating Index

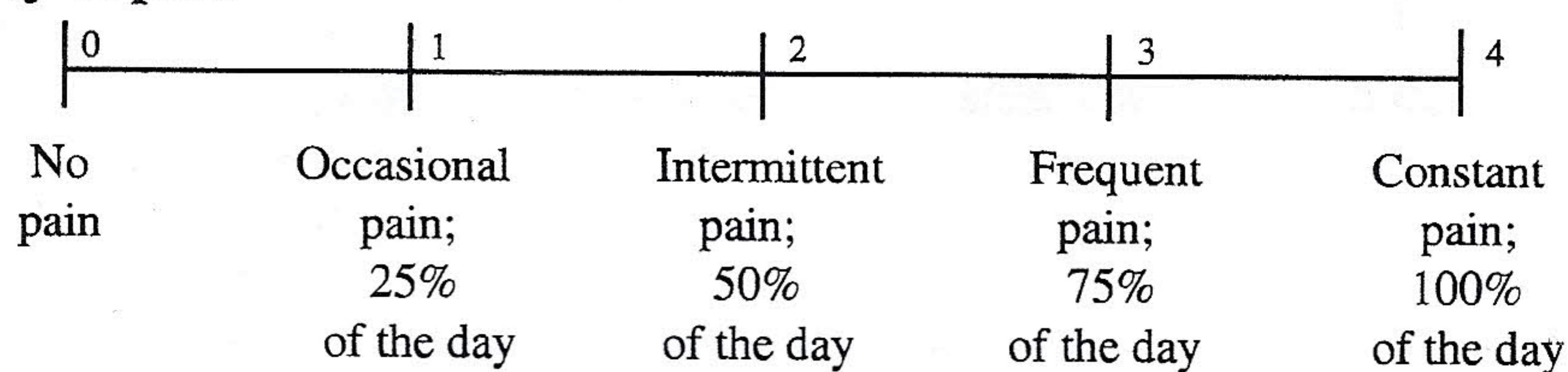
For use with Neck and/or Back Problems only.

PAGE TWO

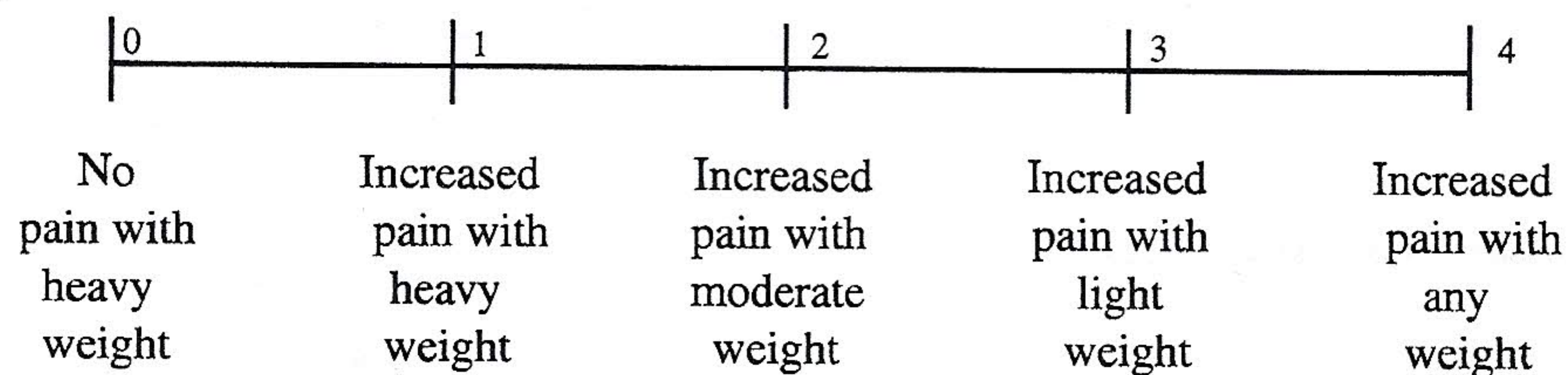
## 6. Recreation



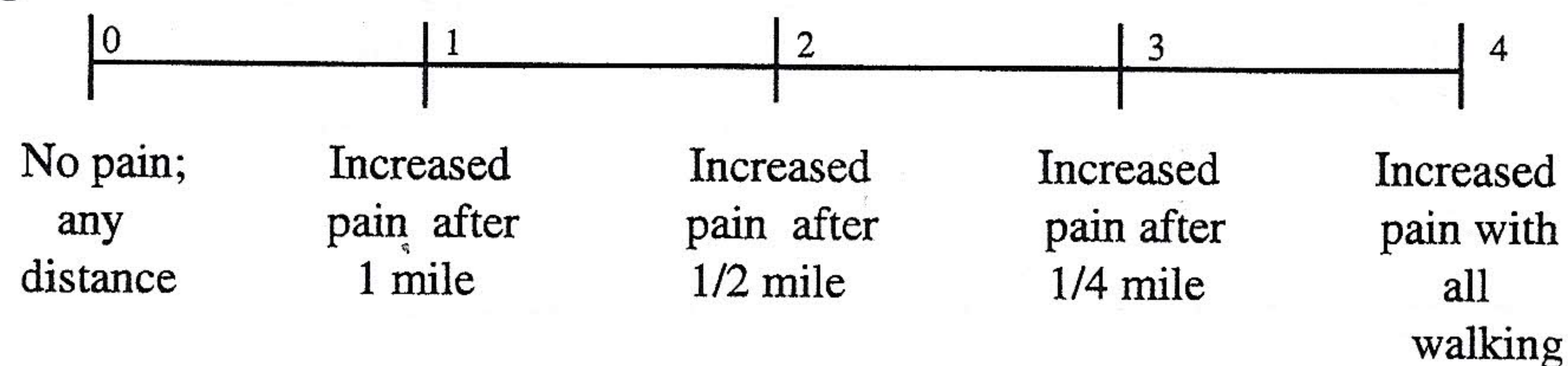
## 7. Frequency of pain



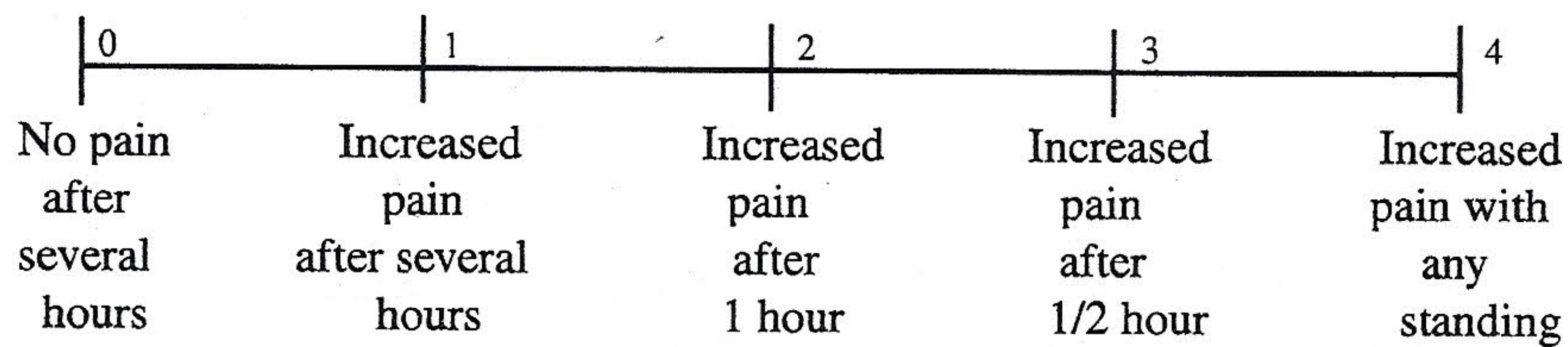
## 8. Lifting



## 9. Walking



## 10. Standing



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

\_\_\_\_\_  
Date