

Functional Rating Index

In order to properly assess your condition, we must understand how much your **neck, back and/or body pain 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	0 No Pain	1 Mild Pain	2 Moderate Pain	3 Severe Pain	4 Worst Possible Pain
2. Sleeping	0 Perfect Sleep	1 Mildly Disturbed	2 Moderately Disturbed	3 Severely Disturbed	4 Completely Disturbed
3. Personal Care (washing, dressing, etc)	0 No Pain	1 Mild Pain	2 Moderate Pain	3 Severe Pain	4 Worst Possible Pain
4. Travel (driving, etc)	0 No Pain on long trips	1 Mild Pain on long trips	2 Moderate Pain on long trips	3 Severe Pain on short trips	4 Worst Possible Pain on short trips
5. Work	0 Can do usual work; plus extra	1 Can do usual work; no extra	2 50% of usual work	3 25% of usual work	4 Cannot work
6. Recreation	0 Can do all activities	1 Can do most	2 Can do some	3 Can do few	4 Cannot do any
7. Frequency of Pain	0 No pain	1 Occasional; 25% of day	2 Intermittent; 50% of day	3 Frequent; 75% of day	4 Constant; 100% of day
8. Lifting	0 No pain with heavy weight	1 Increased Pain with heavy weight	2 Increased pain with moderate weight	3 Increased Pain with light weight	4 Increased pain with light weight
9. Walking	0 No pain any distance	1 Increased Pain after 1 mile	2 Increased pain after ½ mile	3 Increased Pain after ¼ mile	4 Increased pain with all walking
10. Standing	0 No pain after several hours	1 Increased Pain after several hours	2 Increased pain after 1 hour	3 Increased Pain after ½ hour	4 Increased pain with any standing

Patient Signature

Date