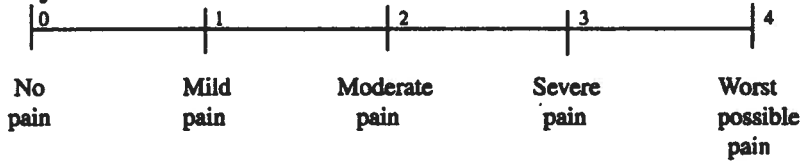


# Functional Rating Index

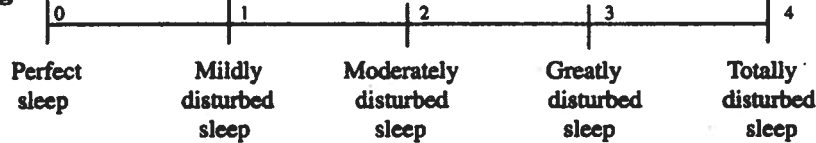
For use with Neck and/or Back Problems only.

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.

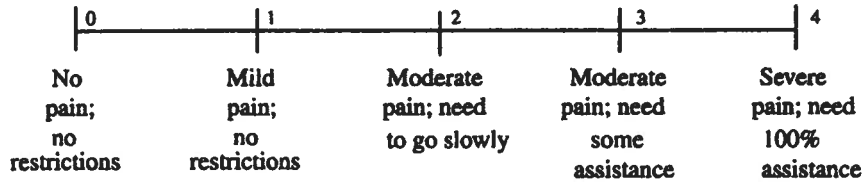
**1. Pain Intensity**



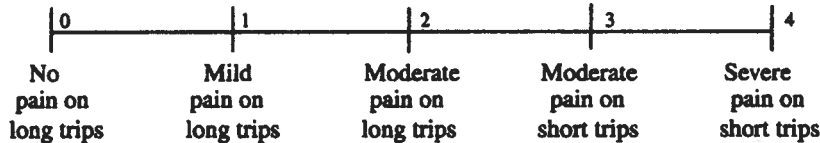
**2. Sleeping**



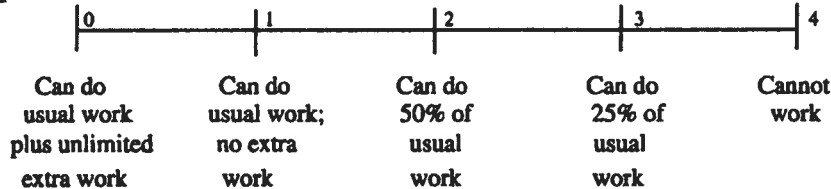
**3. Personal Care (washing, dressing, etc.)**



**4. Travel (driving, etc.)**

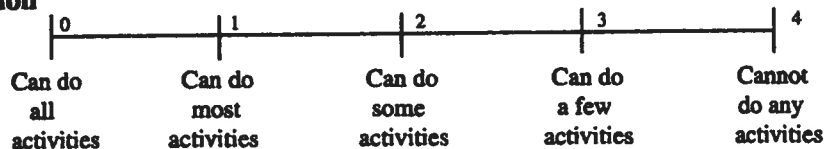


**5. Work**

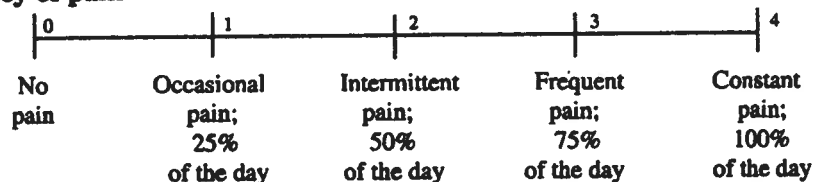


**Please Turn Over**

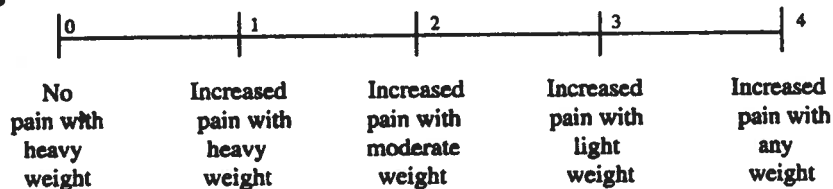
**6. Recreation**



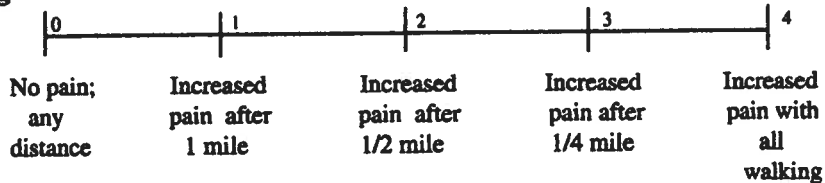
**7. Frequency of pain**



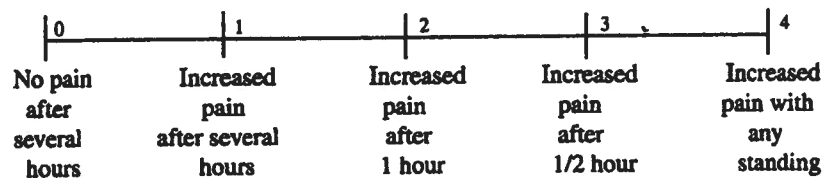
**8. Lifting**



**9. Walking**



**10. Standing**



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

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