

Functional Rating Index

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.

<p>1. Pain Intensity</p> <p>0 1 2 3 4</p> <p>No pain Mild pain Moderate pain Severe pain Worst possible pain</p>	<p>6. Recreation</p> <p>0 1 2 3 4</p> <p>Can do all activities Can do most activities Can do some activities Can do a few activities Cannot do any activities</p>
<p>2. Sleeping</p> <p>0 1 2 3 4</p> <p>Perfect sleep Mildly disturbed sleep Moderately disturbed sleep Greatly disturbed sleep Totally disturbed sleep</p>	<p>7. Frequency of pain</p> <p>0 1 2 3 4</p> <p>No pain Occasional pain; 25% of the day Intermittent pain; 50% of the day Frequent pain; 75% of the day Constant pain; 100% of the day</p>
<p>3. Personal Care (washing, dressing, etc.)</p> <p>0 1 2 3 4</p> <p>No pain; no restrictions Mild pain; no restrictions Moderate pain; need to go slowly Moderate pain; need some assistance Severe pain; need 100% assistance</p>	<p>8. Lifting</p> <p>0 1 2 3 4</p> <p>No pain with heavy weight Increased pain with heavy weight Increased pain with moderate weight Increased pain with light weight Increased pain with any weight</p>
<p>4. Travel (driving, etc.)</p> <p>0 1 2 3 4</p> <p>No pain on long trips Mild pain on long trips Moderate pain on long trips Moderate pain on short trips Severe pain on short trips</p>	<p>9. Walking</p> <p>0 1 2 3 4</p> <p>No pain; any distance Increased pain after 1 mile Increased pain after 1/2 mile Increased pain after 1/4 mile Increased pain with all walking</p>
<p>5. Work</p> <p>0 1 2 3 4</p> <p>Can do usual work plus unlimited extra work Can do usual work; no extra work Can do 50% of usual work Can do 25% of usual work Cannot work</p>	<p>10. Standing</p> <p>0 1 2 3 4</p> <p>No pain after several hours Increased pain after several hours Increased pain after 1 hour Increased pain after 1/2 hour Increased pain with any standing</p>

Name _____ **PRINTED** _____ Date _____ Total Score _____

Signature *Richard Calman Jr D.C.*