

FUNCTIONAL RATING INDEX

For use with Neck and/or Back Problems only.

Patient Signature _____ Date _____

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

0 ----- 1 ----- 2 ----- 3 ----- 4
No pain Mild pain Moderate pain Severe pain Worst possible pain

2. Sleeping

0 ----- 1 ----- 2 ----- 3 ----- 4
Perfect sleep Mildly disturbed sleep Moderately disturbed sleep Greatly disturbed sleep Totally disturbed sleep

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

0 ----- 1 ----- 2 ----- 3 ----- 4
No pain; no restrictions Mild pain; no restrictions Moderate pain; need to go slowly Moderate pain; need some assistance Severe pain; need 100% assistance

4. Travel (driving, etc.)

0 ----- 1 ----- 2 ----- 3 ----- 4
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

5. Work

0 ----- 1 ----- 2 ----- 3 ----- 4
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 Can not work

6. Recreation

0 ----- 1 ----- 2 ----- 3 ----- 4
Can do all activities Can do most activities Can do some activities Can do a few activities Can not do any activities

7. Frequency of Pain

0 ----- 1 ----- 2 ----- 3 ----- 4
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

8. Lifting

0 ----- 1 ----- 2 ----- 3 ----- 4
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

9. Walking

0 ----- 1 ----- 2 ----- 3 ----- 4
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

10. Standing

0 ----- 1 ----- 2 ----- 3 ----- 4
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

Examiner

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