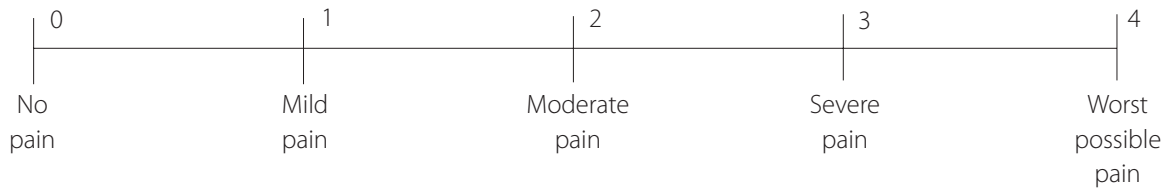


Functional Rating Index

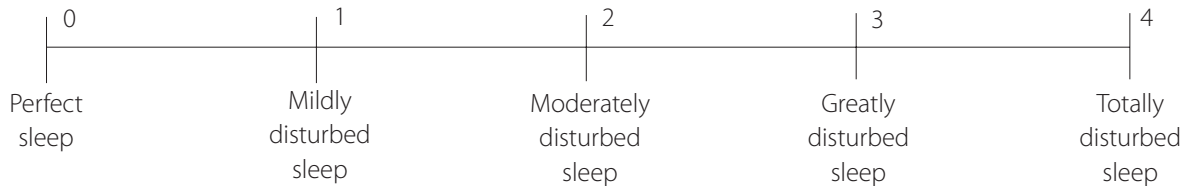
For use with Neck and/or Back Problems only

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.**

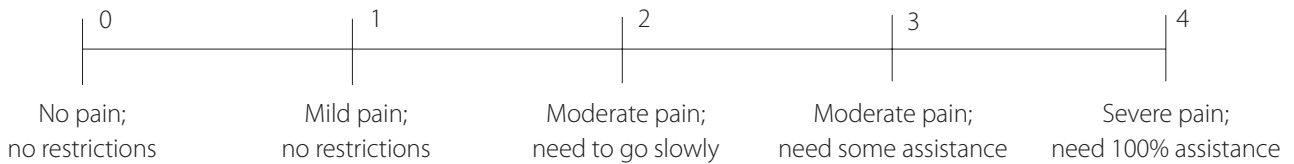
1 Pain Intensity



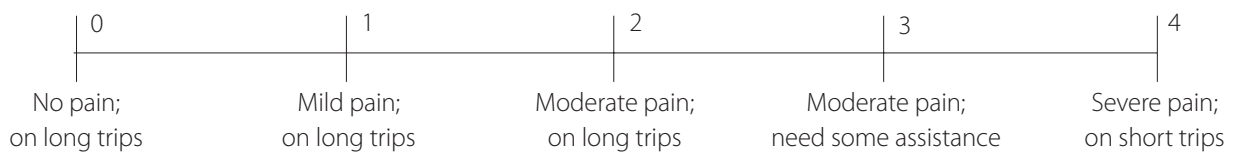
2 Sleeping



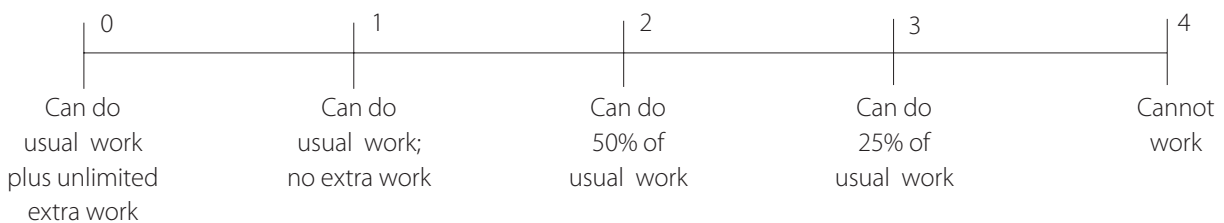
3 Personal Care (washing, dressing etc.)



4 Travel (driving, etc.)

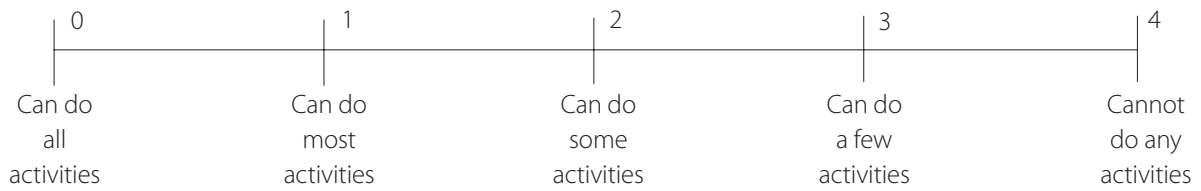


5 Work

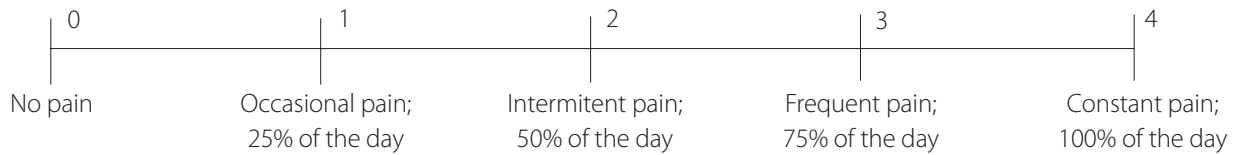


Please turn over

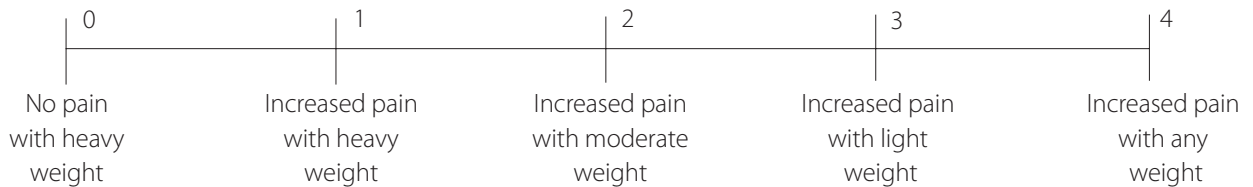
6 Recreation



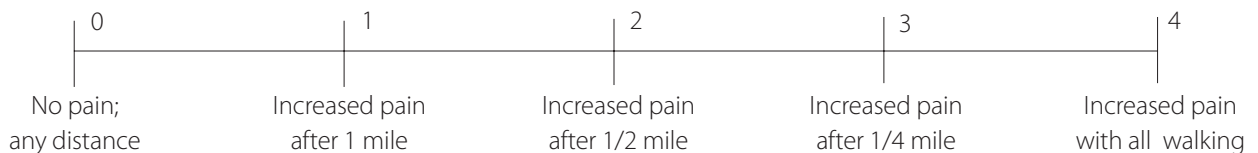
7 Frequency of pain



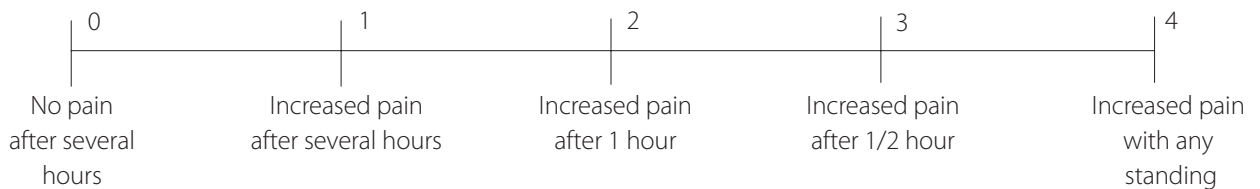
8 Lifting



9 Walking



10 Standing



Patient's signature

Date