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 Intensi	ity				6.	Recreation				
0	1	2	3	4		0	11	2	3	4
No	 Mild	I Moderate	Severe	l Worst		Can do	Can do	Can do	Can do	Cannot
pain	pain	pain	pain	possible		all	most	some	a few	do any
pam	pam	pam	pani	pain		activities	activities	activities	activities	activities
2. Sleeping					-	T7 6				
lo	l I	2	1 3	4	7.	Frequency of	pain	1 2	13	La
Deefeet) ((1,1)) Madawatalii	Cth:	Totalla		10			- 13	
Perfect	Mildly disturbed	Moderately disturbed	Greatly disturbed	Totally disturbed		No	Occasional	Intermittent	Frequent	Constant
sleep	sleep	sleep	sleep	sleep		pain	pain;	pain;	pain;	pain;
	\$500,000 . \$1	8" 1 8 8 8"	Siech	siech			25%	50%	75%	100%
3. Personal Care (washing, dressing, etc.)					Q	Lifting	of the day	of the day	of the day	of the day
0	1	2	3	4	0.	Litting	Li	1 2	13	1 4
No	Mild	Moderate	Moderate	Severe						
pain;	pain;	pain; need	pain; need	pain; need		No	Increased	Increased	Increased	Increased
no no	no	to go slowly	some	100%		pain with	pain with	pain with	pain with	pain with
restrictions	restrictions	10 60 310 113	assistance	assistance		heavy	heavy	moderate	light weight	any weight
						weight	weight	weight	weight	weigh
4. Travel (driving, etc.)					9.	Walking				
0	1	2	3	4		0	1	2	<u> </u>	4
No	Mild	Moderate	Moderate	Severe		No pain;	Increased	Increased	Increased	Increased
pain on	pain on	pain on	pain on	pain on		any	pain after	pain after	pain after	pain with
long trips	long trips	long trips	short trips	short trips		distance	1 mile	1/2 mile	1/4 mile	all
										walking
5. Work			¥		10.	Standing				
0		2	3			0	1	2	3	4
Can do	Can do	Can do	Can do	Cannot		No pain	Increased	Increased	Increased	Increased
usual work	usual work;	50% of	25% of	work		after	pain	pain	pain	pain with
plus unlimited	no extra	usual	usual			several	after several	after	after	any
extra work	work	work	work			hours	hours	1 hour	1/2 hour	standing
Name PRINTED						Total Scor				
Signature						Date © 1999-2001 Institute of Evidence www.chiroevidence			nstitute of Evidence-B www.chiroevidence.c	