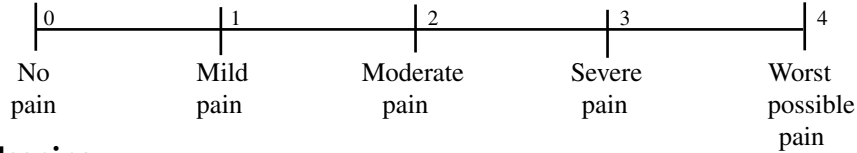


Functional Rating Index

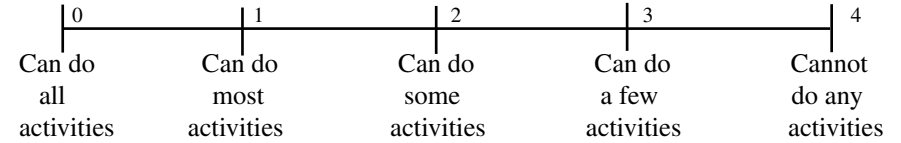
For use with Neck and/or Back Problems only.

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.**

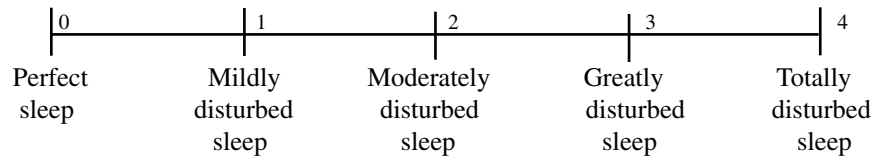
1. Pain Intensity



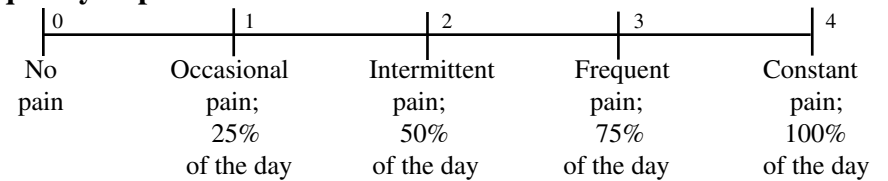
6. Recreation



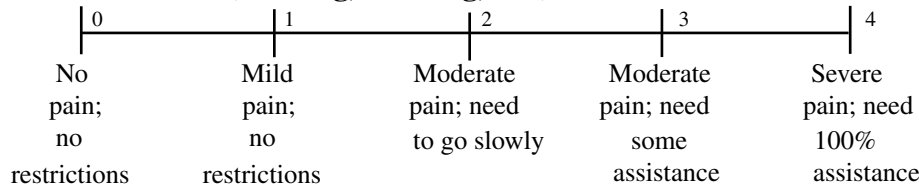
2. Sleeping



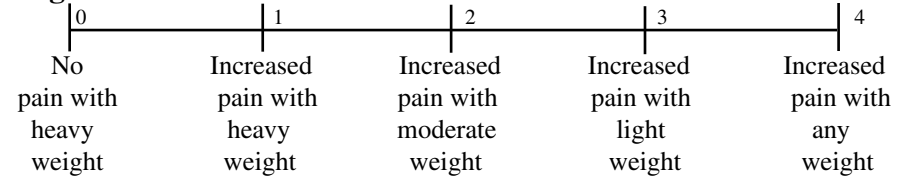
7. Frequency of pain



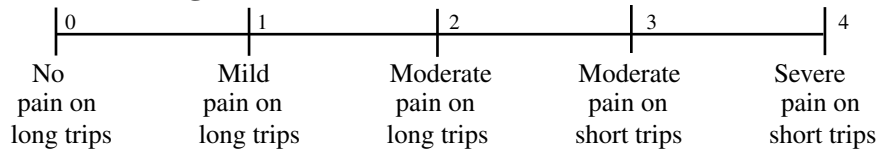
3. Personal Care (washing, dressing, etc.)



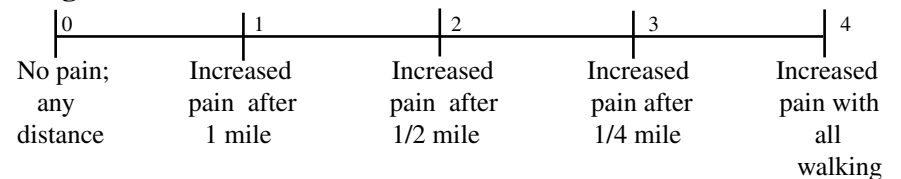
8. Lifting



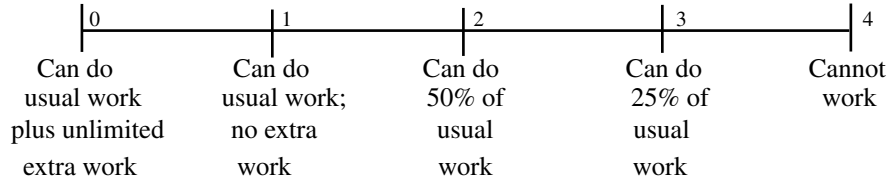
4. Travel (driving, etc.)



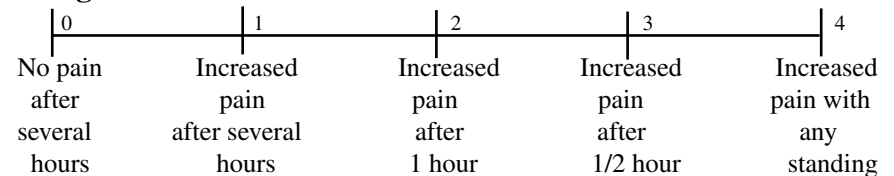
9. Walking



5. Work



10. Standing



Name _____ ID#/SS# _____ Plan ID _____ Total Score _____/40

PRINTED

Signature _____

Date _____