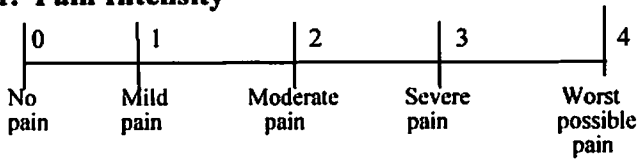


Functional Rating Index

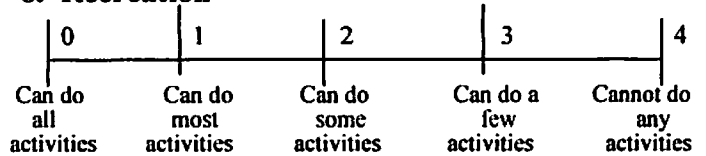
For use with Neck and/or Back Problems only

In order to properly assess your condition, we must understand how much your neck and/or back problem has affected your ability to manage everyday activities. For each item below, please circle the number which most closely describes your condition right now.

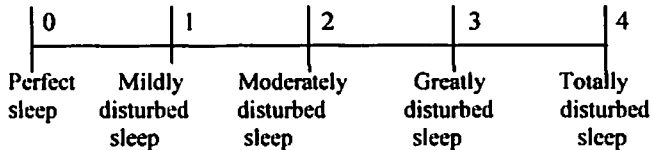
1. Pain Intensity



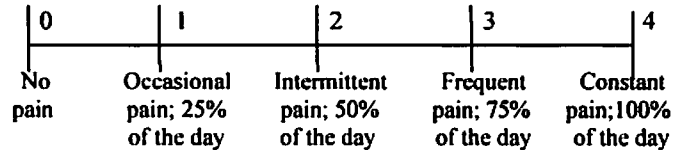
6. Recreation



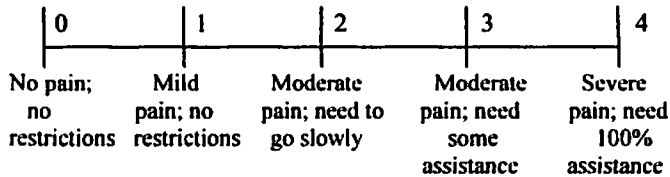
2. Sleeping



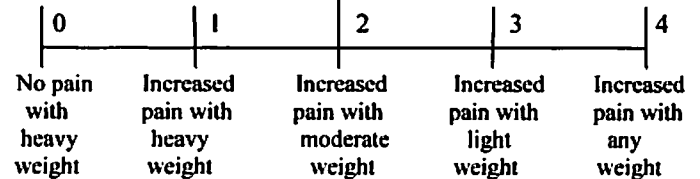
7. Frequency of Pain



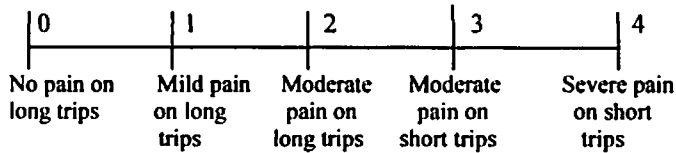
3. Personal Care (washing, dressing, etc.)



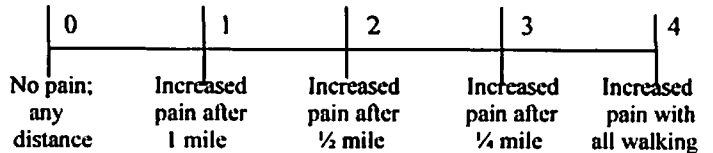
8. Lifting



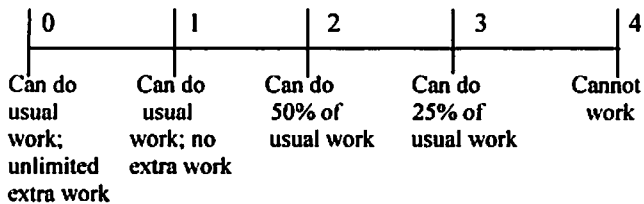
4. Traveling (driving, etc.)



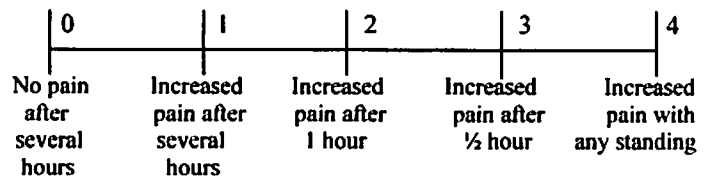
9. Walking



5. Work and/or household chores



10. Standing



FRI Score: _____

Patient Specific Functional Scale (PSFS)

Please list up to three (3) things you cannot do or are having difficulty doing because of your problem. Then rate them 0 (unable to perform) to 10 (able to perform activity at same level as before injury or problem).

- One Word
- _____
 - _____
 - _____

Unable (circle) Able

0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Pain/Discomfort Level

Please circle a number on the 0-10 scale indicating your pain/discomfort as of today

(no pain) 0 1 2 3 4 5 6 7 8 9 10 (unimaginable pain)

 Patient Name (printed)

 Patient Signature

 Date

 computer #