

Patient_

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	ty				6. Recreation				
0	1	2	3	4	0	1	2	3	4
No	Mild	Moderate	Severe	Worst	Can do	Can do	Can do	Can do	Cannot
pain	pain	pain	pain	possible	all	most	some	a few	do any
**************************************			F	pain	activities	activities	activities	activities	activities
2. Sleeping				-	7. Frequency of	noin			
0	1	2	3	4	1. Frequency of	l 1	1 2	1.3	14
Perfect	Mildly	Moderately	Greatly	Totally	,				
sleep	disturbed	disturbed	disturbed	disturbed	No	Occasional	Intermittent	Frequent	Constant
1	sleep	sleep	sleep	sleep	pain	pain; 25%	pain; 50%	pain; 75%	pain; 100%
3. Personal Ca	re (weeking	dressing etc.)				of the day	of the day	of the day	of the day
	ire (washing, t	1 2	1 3	14	8. Lifting				or
0					0	1	2	3	4
No	Mild	Moderate	Moderate	Severe	No	Increased	Increased	Increased	Increased
pain;	pain;	pain; need	pain; need	pain; need	pain with	pain with	pain with	pain with	pain with
no	no	to go slowly	some	100%	heavy	heavy	moderate	light	any
restrictions	restrictions		assistance	assistance	weight	weight	weight	weight	weight
4. Travel (driv	ing, etc.)				9. Walking				
0	1	12	3	4	lo	- 11	1 2	13	14
No	l Mild	Moderate	I Moderate	Severe	No mains	I	T1	T 1	
pain on	pain on	pain on	pain on	pain on	No pain; any	Increased pain after	Increased pain after	Increased pain after	Increased
long trips	long trips	long trips	short trips	short trips	distance	1 mile	1/2 mile	1/4 mile	pain with all
		0 1			distance	Time	1/2 HHC	174 IIIIC	walking
5. Work		w -			10. Standing				···uiiiiig
0	1	2	3	4	0	1	2	1 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		DDIMTED						Total Score	
		PRINTED							
		G: 1							
Signature				Date		© 1999-2001 Institute of Evidence-Based Chiropractic			
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_	Height	Weight (L)	(R)= TOTAL
		ROM	PAIN
	Cervical		
	Thoracic		
	Lumbar		