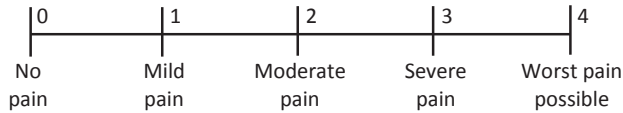


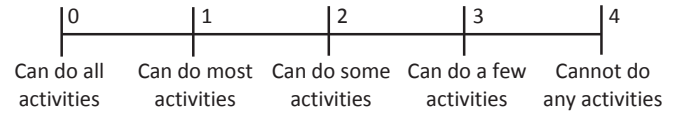
Functional Rating Index

Instructions: 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.

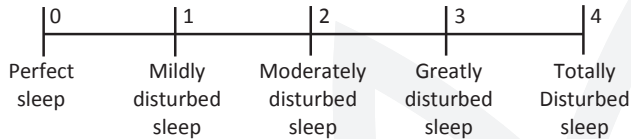
1. Pain Intensity



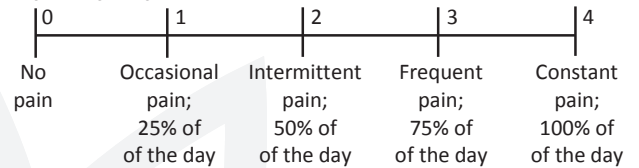
6. Recreation



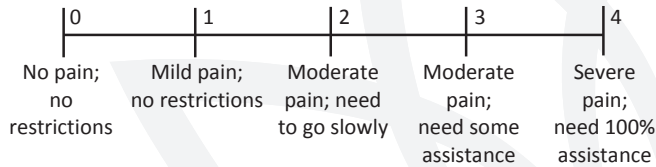
2. Sleeping



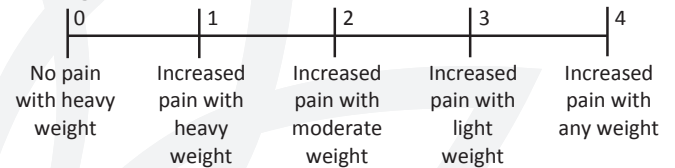
7. Frequency of pain



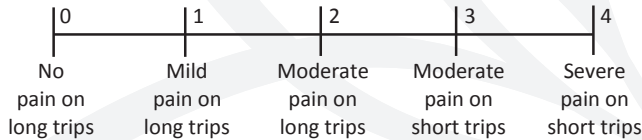
3. Personal Care (washing, dressing, etc.)



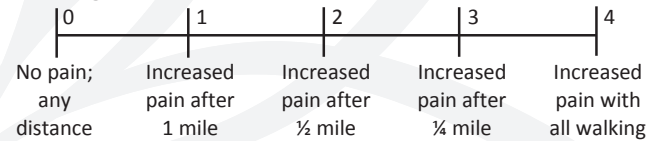
8. Lifting



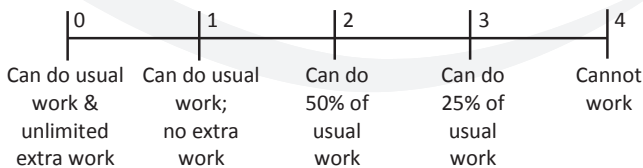
4. Travel (driving, etc.)



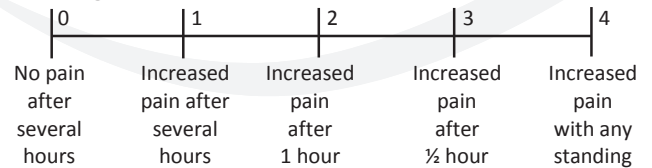
9. Walking



5. Work



10. Standing



Signature

Date

Total Score

Printed Name

Functional Rating Score (TS/4x10): _____%