

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 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** 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

0	1	2	3	4
No pain	Mild pain	Moderate pain	Severe pain	Worse possible pain

### 2. Sleeping

0	1	2	3	4
Perfect sleep	Mildly disturbed sleep	Moderately disturbed sleep	Greatly disturbed sleep	Totally disturbed sleep

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

0	1	2	3	4
No pain; no restrictions	Mild pain; no restrictions	Moderate pain; need to go slowly	Moderate pain; need some assistance	Severe pain; need 100% assistance

### 4. Traveling (driving, etc.)

0	1	2	3	4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on any trip

### 5. Work

0	1	2	3	4
Can do usual work plus unlimited extra work	Can do usual work; no extra work	Can do 50% of usual work; no extra work	Can do 25% of usual work	Cannot work

### 6. Recreation

0	1	2	3	4
No pain	Mild pain	Moderate pain	Severe pain	Worse possible pain

### 7. Frequency of Pain

0	1	2	3	4
No pain	Occasional pain; 25% of the day	Intermittent pain; 50% of the day	Frequent pain; 75% of the day	Constant pain; 100% of the day

### 8. Lifting

0	1	2	3	4
No pain with heavy lifting	Increased pain with heavy lifting	Increased pain with moderate lifting	Increased pain with light weight	Increased pain with any weight

### 9. Walking

0	1	2	3	4
No pain; any distance	Increased pain after 1 mile	Increased pain after ½ mile	Increased pain after ¼ mile	Increased pain with any walking

### 10. Standing

0	1	2	3	4
No pain after several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after ½ hour	Increased pain with any standing

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

#### For Office Use Only:

Practitioner ID #: \_\_\_\_\_

Total Score: \_\_\_\_\_ / 40

Clinical Diagnosis Codes:

Patient ID #: \_\_\_\_\_

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