

Functional Rating Index

For use with NECK complaints. For each item below, please circle the number which most closely describes your condition right now.

Patient Name _____ Date _____

1. Pain Intensity

0- No Pain 1- Mild Pain 2- Moderate Pain 3- Severe Pain 4- Worst Possible Pain

2. Sleeping

0- Perfect Sleep 1- Mildly Disturbed 2- Moderately Disturbed 3- Greatly Disturbed 4- Totally Disturbed Sleep

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

0- No Pain
No Restrictions 1- Mild Pain;
No Restrictions 2- Moderate Pain;
Go Slowly 3- Moderate Pain;
Some Assistance 4- Severe Pain;
100% Assistance

4. Travel (driving, etc.)

0- No Pain on
Long Trips 1- Mild Pain on
Long Trips 2- Moderate Pain on
Long Trips 3- Moderate Pain on
Short Trips 4- Severe Pain on
Short Trips

5. Work

0- Usual Work + Extra 1- Usual Work, No Extra 2- 50% of Usual Work 3- 25% of Usual Work 4- Cannot Work

6. Recreation

0- All Activities 1- Most Activities 2- Some Activities 3- Few Activities 4- No Activities

7. Frequency of Pain

0- No Pain 1- Occasional (25%) 2- Intermittent (50%) 3- Frequent (75%) 4- Constant (100%)

8. Lifting

0- No Pain with
Heavy Weight 1- Increased Pain with
Heavy Weight 2- Increased Pain with
Moderate Weight 3- Increased Pain with
Light Weight 4- Increased Pain with
Any Weight

9. Walking

0- No Pain with
Any Distance 1- Increased Pain after
1 Mile 2- Increased Pain after
½ Mile 3- Increased Pain after
¼ Mile 4- Increased Pain after
Any Distance

10. Standing

0- No Pain with
Any Time 1- Increased Pain after
Several Hours 2- Increased Pain after
1 Hour 3- Increased Pain after
½ Hour 4- Increased Pain after
Any Time

Patient or Guardian Signature _____ Date _____

Total _____ (/4 X10) = Functional Rating Score _____%