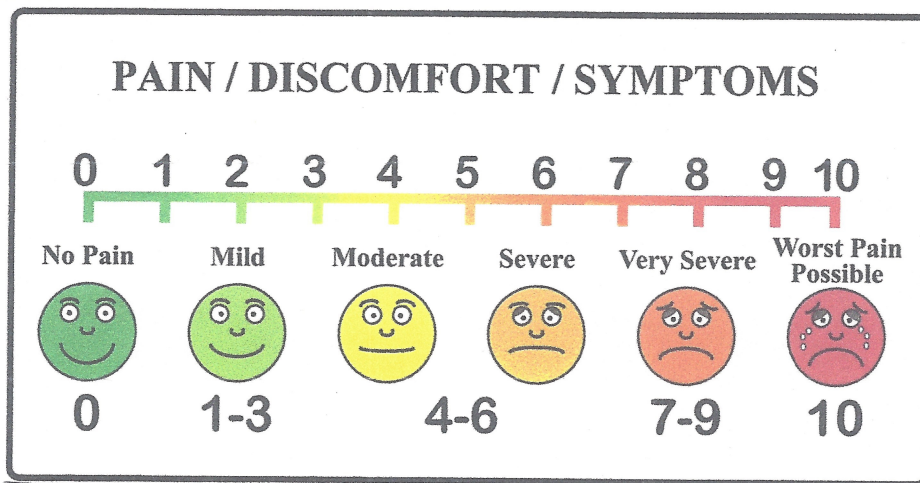


Name: \_\_\_\_\_

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

**Functional Rating Index for Neck/Back Problems Questionnaire**  
In the boxes below, mark the appropriate statements.

Pain Intensity:	No Pain	Mild Pain	Moderate Pain	Severe pain	Worst possible pain
Sleeping:	Perfect Sleep	Mildly disturbed sleep	Moderately disturbed sleep	Greatly disturbed sleep	Totally disturbed sleep
Personal Care (washing, dressing, etc):	No pain; no restrictions	Mild pain; no restrictions	Moderate pain; need to go slowly	Moderate pain; need some assistance	Severe pain: need 100% assistance
Travel (driving, etc):	No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips
Work:	Can do usual work plus unlimited extra	Can do usual work; no extra work	Can do 50% of usual work	Can do 25% of usual work	Cannot work
Recreation:	Can do all activities	Can do most activities	Can do some activities	Can do a few activities	Cannot do any activities
Frequency of pain:	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
Lifting:	No pain with heavy weight	Increased pain with heavy lifting	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight
Walking:	No pain; any distance	Increased pain after 1 mile	Increased pain after 1/2 mile	Increased pain after 1/4 mile	Increased pain with all walking
Standing:	No pain after several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after 1/2 hour	Increased pain with any standing



• Cervical/Neck: \_\_\_\_\_

• Thoracic/Mid Back: \_\_\_\_\_

• Lumbar/Low Back: \_\_\_\_\_

• Other/Note: \_\_\_\_\_

**General Health History**

☐ Unchanged

☐ New Condition