

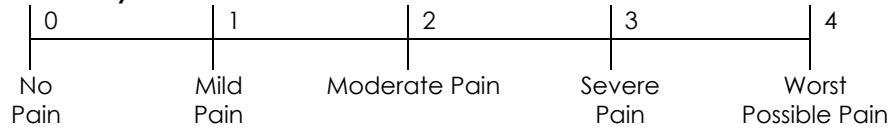
Functional Rating Index

For use with **Neck and/or Back Problems** only

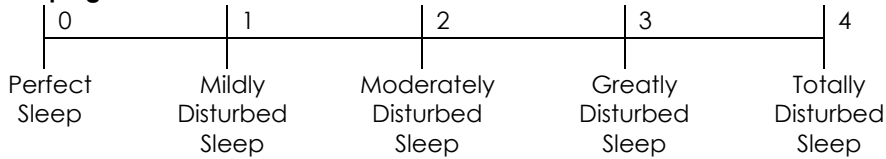
In order to properly assess your condition, we must understand how much your **neck and/or back problems** have affected your ability to manage everyday activities.

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

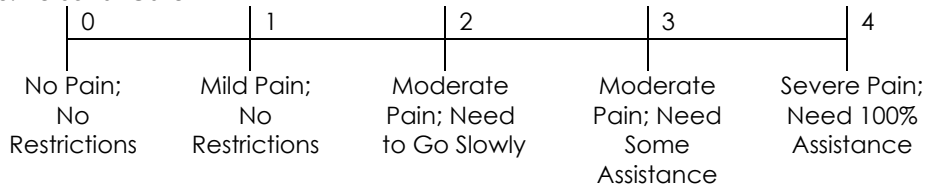
1. Pain intensity



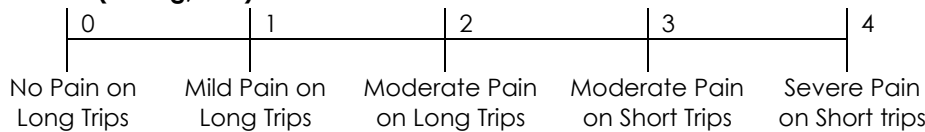
2. Sleeping



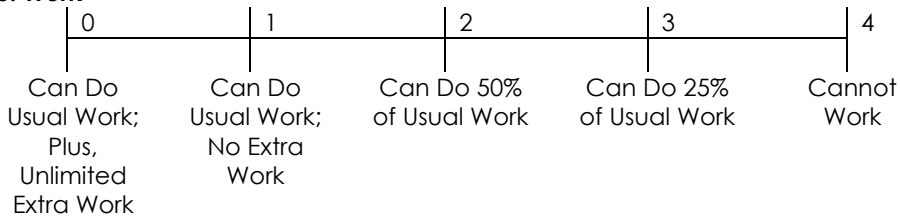
3. Personal Care



4. Travel (driving, etc.)



5. Work



Name _____

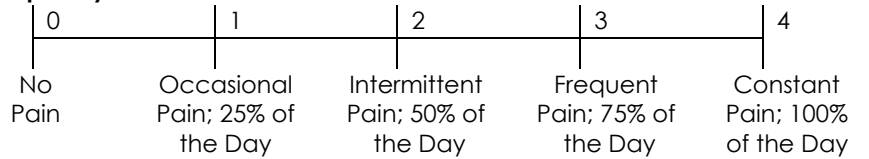
PRINTED

SIGNATURE

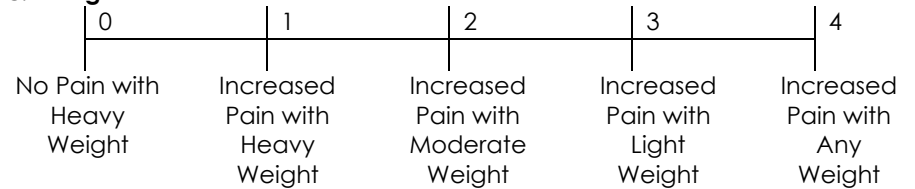
6. Recreation



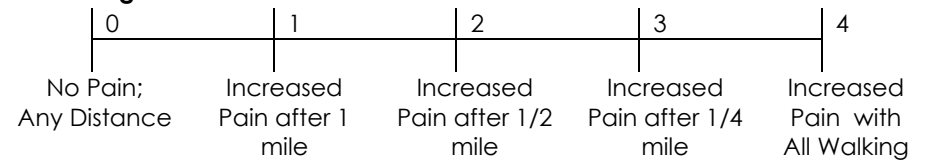
7. Frequency of Pain



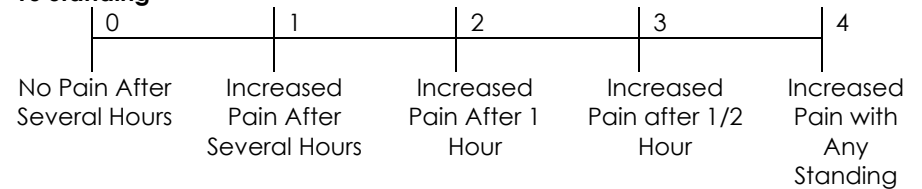
8. Lifting



9. Walking



10 Standing



TOTAL SCORE _____

DATE



Global Wellness
Chiropractic Clinic