Functional Rating Index

For use with <u>Neck and/or Back Problems</u> 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 6. Recreation 2 3 4 0 0 4 Worst No Mild Moderate Pain Severe Can Do Can Do Can Do Can Do Cannot Pain Pain Pain Possible Pain All Most Some a Few Do Any Activities Activities Activities Activities Activities 2. Sleeping 7. Frequency of Pain 2 3 2 0 4 0 3 4 Perfect Mildly Moderately Greatly Totally No Occasional Intermittent Frequent Constant Pain: 50% of Pain: 75% of Sleep Disturbed Disturbed Pain Pain: 25% of Pain: 100% Disturbed Disturbed Sleep Sleep Sleep Sleep the Dav the Dav the Day of the Day 8. Lifting 3. Personal Care 2 3 4 2 3 4 0 0 Mild Pain; Severe Pain: No Pain: Moderate Moderate No Pain with Increased Increased Increased Increased Pain: Need Need 100% Pain with Pain with Pain with No No Pain: Need Heavy Pain with Restrictions Restrictions to Go Slowly Some Assistance Weight Heavy Moderate Light Any Assistance Weight Weight Weight Weight 4. Travel (driving, etc.) 9. Walking 2 4 2 0 3 0 4 No Pain on Moderate Pain Moderate Pain Severe Pain No Pain: Increased Increased Increased Mild Pain on Increased on Lona Trips on Short Trips on Short trips Pain after 1 Pain after 1/2 Pain after 1/4 Pain with Long Trips Lona Trips Any Distance mile mile mile All Walking 5. Work 10 Standing 2 3 2 3 0 4 0 4 Can Do Can Do Can Do 50% Can Do 25% Cannot No Pain After Increased Increased Increased Increased Usual Work: Usual Work: of Usual Work of Usual Work Work Several Hours Pain After Pain After 1 Pain after 1/2 Pain with Plus. No Extra Several Hours Hour Hour Any Unlimited Work Standing Extra Work TOTAL SCORE Name PRINTED SIGNATURE DATE Global Wellness

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