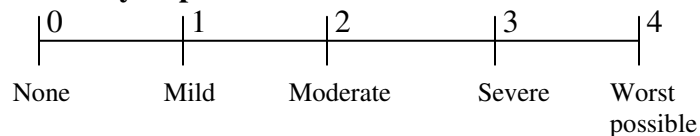


## Functional Rating Index

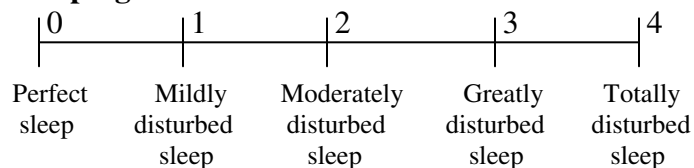
In order to properly assess your condition, we must understand how much your problem(s) have affected your ability to manage everyday activities.

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

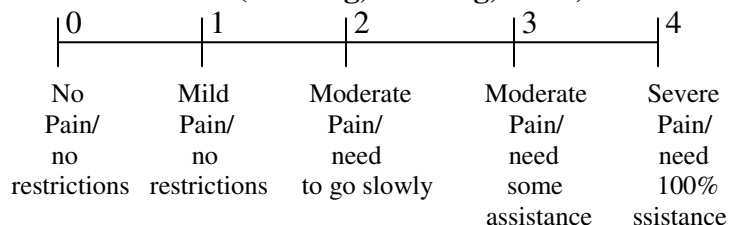
### 1. Intensity of problem



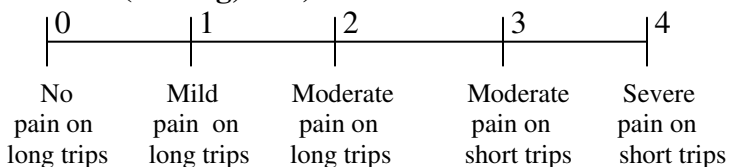
### 2. Sleeping



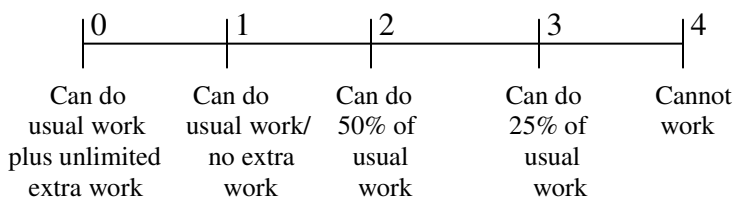
### 3. Personal Care (washing, dressing, etc...)



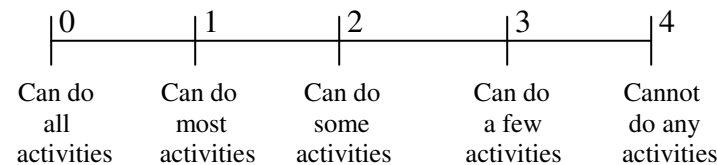
### 4. Travel (driving, etc..)



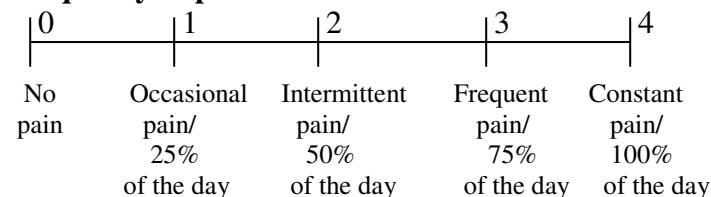
### 5. Work



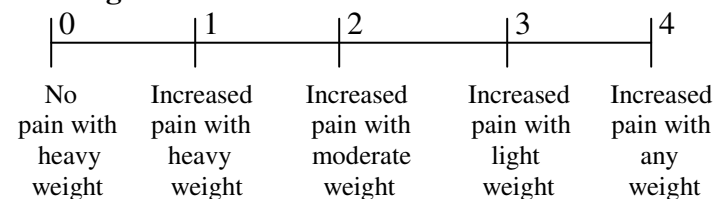
### 6. Recreation



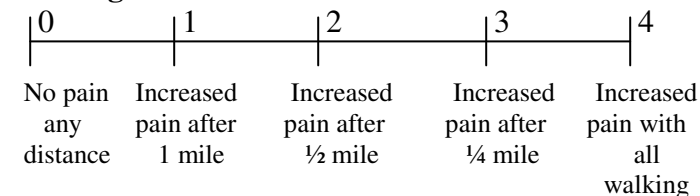
### 7. Frequency of pain



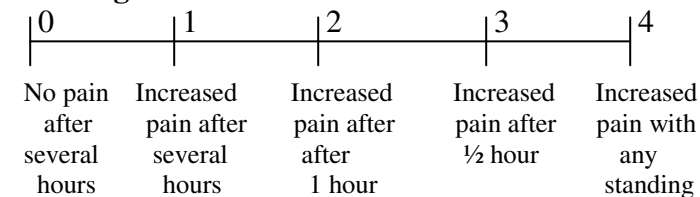
### 8. Lifting



### 9. Walking



### 10. Standing



TOTAL SCORE: \_\_\_\_\_