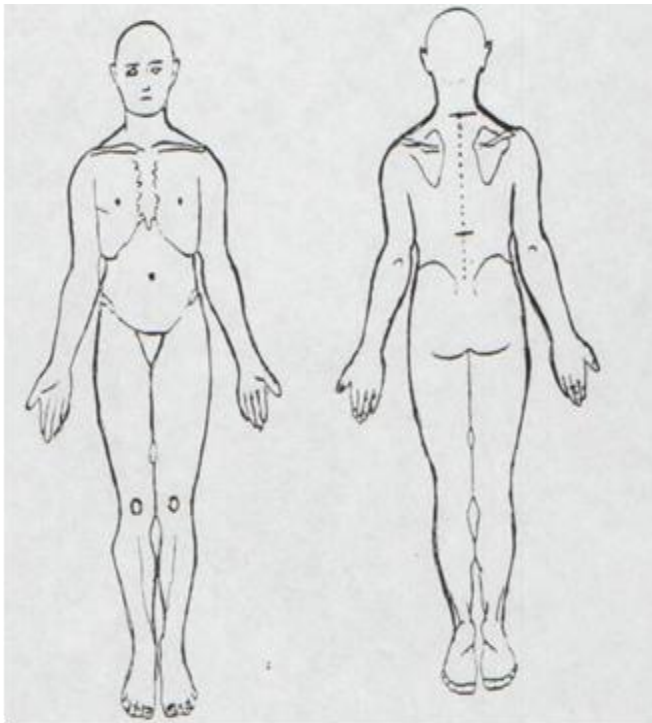


## FUNCTIONAL RATING INDEX

In order to properly assess your condition we must understand how much your symptoms have affected your ability to manage everyday activities. For each item below please circle the number which most closely describes your condition right now.

<b>Pain Scale:</b>	<b>0</b> (No Pain)	<b>1</b> (Mild)	<b>2</b> (Moderate)	<b>3</b> (Severe)	<b>4</b> (Worst Possible)
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Pain Intensity	0	1	2	3	4
Sleeping	0	1	2	3	4
Personal Care	0	1	2	3	4
Travel	0	1	2	3	4
Work	0	1	2	3	4
Recreation	0	1	2	3	4
Frequency	0	1	2	3	4
Lifting	0	1	2	3	4
Walking	0	1	2	3	4
Standing	0	1	2	3	4



On the pain drawings, please indicate what you are feeling by drawing the letter abbreviations on the diagrams that most accurately reflect the type of discomfort that you have been experiencing.

Numbness = **N**

Tingling = **T**

Dull Pain = **D**

Sharp Pain = **P**

Burning = **B**

Stiffness = **S**

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TOTAL SCORE:** \_\_\_\_\_