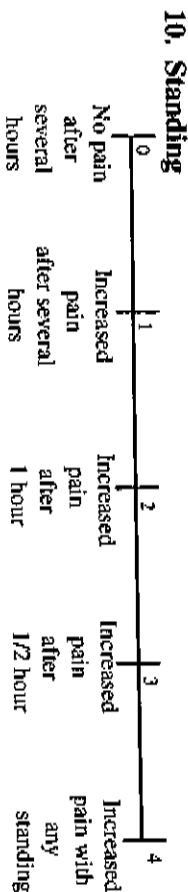
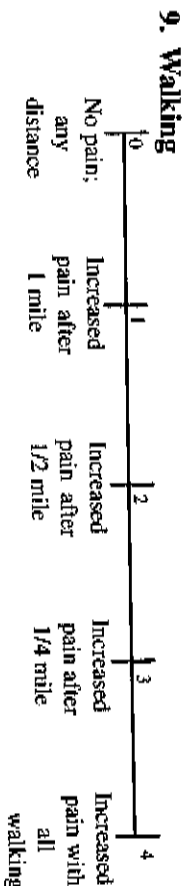
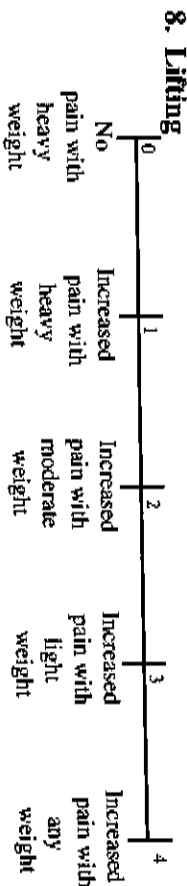
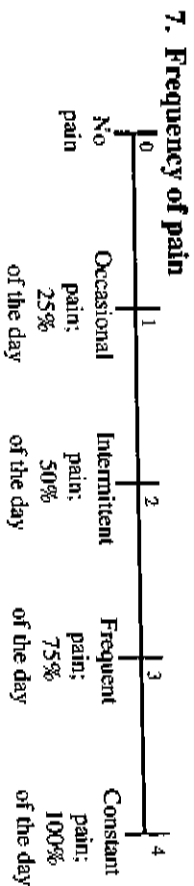
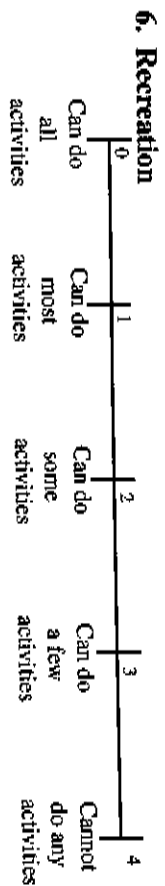
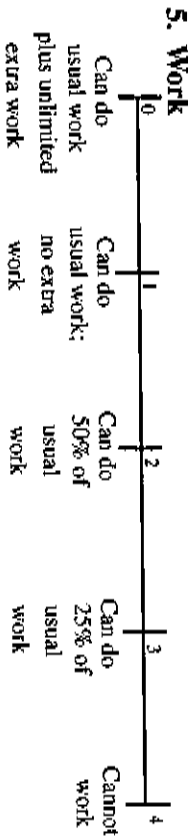
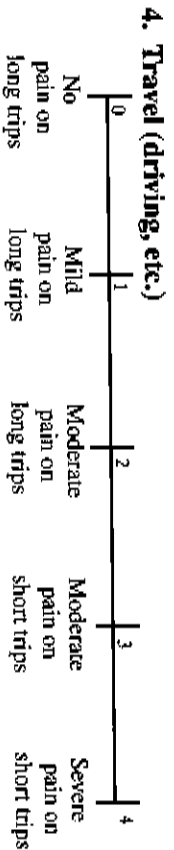
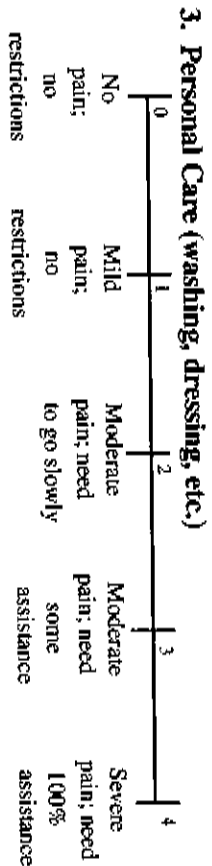
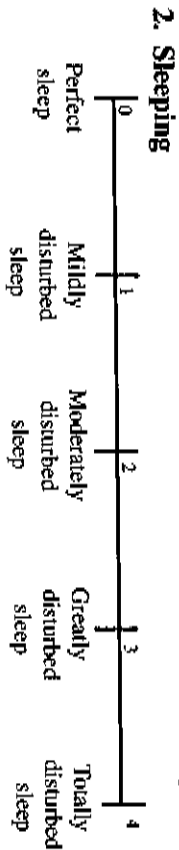
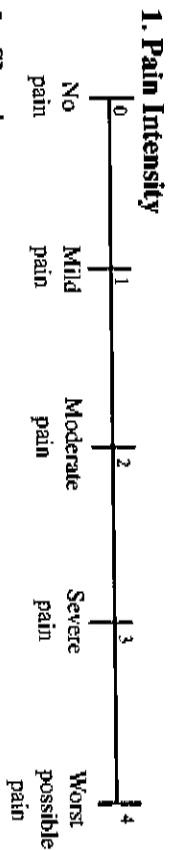


# Functional Rating Index

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.



Name \_\_\_\_\_

**PRINTED**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Total Score \_\_\_\_\_