

Functional Rating Index – Neck/Back



alpine **chiropractic**

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. As you read the list, **think of yourself today**. Please circle the number that most closely describes your condition right now.

Section 1: Pain Intensity

0	1	2	3	4
No pain	Mild pain	Moderate pain	Severe pain	Worst Possible pain

Section 2: Sleeping

0	1	2	3	4
Perfect sleep	Mildly disturbed sleep	Moderately disturbed sleep	Greatly disturbed sleep	Totally disturbed sleep

Section 3: Personal Care (washing, dressing etc.)

0	1	2	3	4
No Pain; no restrictions	Mild pain; no restrictions	Moderate pain; need to go slowly	Moderate pain; need assistance	Severe pain; need 100% assistance

Section 4: Traveling

0	1	2	3	4
No pain on long trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips

Section 5: Work

0	1	2	3	4
Can do usual work, + unlimited extra work	Can do usual work; no extra work	Can do 50% of usual work	Can do 25% of usual work	Cannot work

Section 6: Recreation

0	1	2	3	4
Can do all activities	Can do most activities	Can do some activities	Can do a few activities	Cannot do any activity

Section 7: Frequency of Pain

0	1	2	3	4
No Pain	Occasional pain; 25% of day	Intermittent pain; 50% of day	Frequent pain; 75% of day	Constant pain; 100% of day

Section 8: Lifting

0	1	2	3	4
No pain with heavy weight	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

Section 9: Walking

0	1	2	3	4
No Pain; any distance	Increased pain after 1 mile	Increased pain after ½ mile	Increased pain after ¼ mile	Increased pain with all walking

Section 10: Standing

0	1	2	3	4
No pain after several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after ½ hour	Increased pain with any standing

Patient Name _____ Patient Signature _____ Date _____



Neck Disability Index

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage everyday life. **Please answer every section and mark in each section only the one box that applies to you.** We realize you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2: Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self care
- I do not get dressed, I wash with difficulty and stay in bed

Section 3: Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it causes extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed; for example, on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

Section 4: Reading

- I can read as much as I want to with no pain in my neck
- I can read as much as I want to with slight pain in my neck
- I can read as much as I want with moderate pain in my neck
- I can't read as much as I want because of moderate pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all

Section 5: Headaches

- I have no headaches at all
- I have slight headaches, which come infrequently
- I have moderate headaches, which come infrequently
- I have moderate headaches, which come frequently
- I have severe headaches, which come frequently
- I have headaches almost all the time

Section 6: Concentration

- I can concentrate fully when I want to with no difficulty
- I can concentrate fully when I want to with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all



Section 7: Work

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I can't do any work at all

Section 8: Driving

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight pain in my neck
- I can drive my car as long as I want with moderate pain in my neck
- I can't drive my car as long as I want because of moderate pain in my neck
- I can hardly drive at all because of severe pain in my neck
- I can't drive my car at all

Section 9: Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr sleepless)

- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleepless)

Section 10: Recreation

- I am able to engage in all my recreational activities with no neck pain at all
- I am able to engage in all my recreational activities, with some pain in my neck
- I am able to engage in most, but not all of my usual recreational activities because of pain in my neck
- I am able to engage in a few of my usual recreational activities because of pain in my neck
- I can hardly do any recreation activities because of pain in my neck
- I can't do any recreation activities at all

Patient Name _____ Patient Signature _____ Date _____

Score: ____/50 Transform to percentage score x 100 = _____% points

Scoring: For each section the total possible score is 5: if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows: Example: 16 (total scored); 50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated: 16 (total scored); 45 (total possible score) x 100 = 35.5%

Minimum Detectable Change (90% confidence): 5 points or 10 % points

NDI developed by: Vernon, H. & Mior, S. (1991). The Neck Disability Index: A study of reliability and validity. Journal of Manipulative and Physiological Therapeutics. 14, 409-415



The Roland-Morris Disability Questionnaire

When your back hurts, you may find it difficult to do some of the things you normally do.

This list contains sentences that people have used to describe themselves when they have back pain. When you read them, you may find that some stand out because they describe you *today*.

As you read the list, **think of yourself today**. When you read a sentence that describes you today, circle the number. If the sentence does not describe you, do not circle it and go on to the next one. Remember, only circle the sentence if you are sure it describes you today.

- 1. I stay at home most of the time because of my back.
- 2. I change position frequently to try and get my back comfortable.
- 3. I walk more slowly than usual because of my back.
- 4. Because of my back I am not doing any of the jobs that I usually do around the house.
- 5. Because of my back, I use a handrail to get upstairs.
- 6. Because of my back, I lie down to rest more often.
- 7. Because of my back, I have to hold on to something to get out of a chair.
- 8. Because of my back, I try to get other people to do things for me.
- 9. I get dressed more slowly than usual because of my back.
- 10. I only stand for short periods of time because of my back.
- 11. Because of my back, I try not to bend or kneel down.
- 12. I find it difficult to get out of a chair because of my back.
- 13. My back is painful almost all the time.
- 14. I find it difficult to turn over in bed because of my back.
- 15. My appetite is not very good because of my back pain.
- 16. I have trouble putting on my socks (or stockings) because of the pain in my back.
- 17. I only walk short distances because of my back.
- 18. I sleep less well because of my back.
- 19. Because of my back pain, I get dressed with help from someone else.
- 20. I sit down for most of the day because of my back.
- 21. I avoid heavy jobs around the house because of my back.
- 22. Because of my back pain, I am more irritable and bad tempered with people than usual.
- 23. Because of my back, I go upstairs more slowly than usual.
- 24. I stay in bed most of the time because of my back.

Patient Name _____ Patient Signature _____ Date _____

This questionnaire is taken from: Roland MO, Morris RW. A study of the natural history of back pain. Part 1: Development of a reliable and sensitive measure of disability in low back pain. Spine 1983; 8: 141-144. The score of the RDQ is the total number of items checked – i.e. from a minimum of 0 to a maximum of 24.