

Pain & Functional Rating Scale

In order to assess your condition for your insurance company, please report how much your neck and/or back problems that affect your ability to function daily.

Please circle the number that most describes your condition today.

Please use back of sheet for additional comments or concerns

Pain Intensity

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

Recreation:

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

Sleeping

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

Frequency of Pain:

- 0 No pain
- 1 Occasional pain, 25% of the day
- 2 Intermittent pain, 50% of the day
- 3 Frequent pain, 75% of the day
- 4 Constant pain, 100% of the day

Personal Care (dressing, bathing, etc.)

- 0 No pain, no restrictions
- 1 Mild Restrictions
- 2 Moderate restrictions, go slowly
- 3 Moderate restrictions, need assistance
- 4 Severe pain, need full assistance

Lifting:

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

Travel (driving, etc.)

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

Walking

- 0 No pain with any distance
- 1 Increased pain after 1 mile
- 2 Increased pain with $\frac{1}{2}$ mile
- 3 Increased pain with $\frac{1}{4}$ mile
- 4 increased pain with all walking

Work:

- 0 Usual work plus extra work
- 1 Usual work, no extra
- 2 50% of usual work
- 3 25% of usual work
- 4 Cannot work

Standing

- 0 No pain after several hours
- 1 Increased pain after several hours
- 2 Increased pain after 1 hour
- 3 Increased pain after $\frac{1}{2}$ hour
- 4 Increased pain with any standing

Print Name

Signature

Date