

SPINE FUNCTIONAL INDEX- 10

DATE: _____

NAME: _____ INJURY _____ NECK MID-BACK LOW-BACK

PLEASE COMPLETE ALL 4 PARTS - Each part has a separate score:

Your spine (back / neck) may make it difficult to do some things you normally do. This list contains sentences people use to describe themselves when they have such problems. Think of yourself now or over the last few days. **If an item describes you, mark the Box 'Partly' or 'Yes'. If an item does not describe you, Mark the Box 'NO'.**

DUE TO MY BACK OR NECK:

No Partly Yes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I avoid heavy jobs eg. cleaning, lifting more than 5kg or 10lbs, gardening etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I have the pain / problem almost all the time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I have difficulty with normal home or family duties and chores.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. I sleep less well.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. I need assistance with personal care eg. washing and hygiene.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. My regular daily activities (work, social contact) are affected.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. I require assistance or am slower with dressing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. My sitting is affected.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. I only stand for short periods of time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. I have trouble reaching / bending down (eg. pick-up things, put on socks).

SFI SCORE: To Score the Upper Part – Add the Marked Boxes:

TOTAL (SFI Points) 100 Scale (x 4) 100 – Total = %

MDC (90% Confidence): 6.46% or 1.61 SFI points. Change less than this may be due to error

Numeric Rating Scale (NRS)

In the last few days, as a whole person, **due to your Spine**, rank the **severity** of your **Overall Status** compared to before the injury?

Totalx10 = _____ %

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Worst Possible			Half Way				Normal / No Problem			