

SPINE FUNCTIONAL INDEX (SFI)

DATE: _____

NAME: _____ INJURY: _____ Neck Mid Back Lower Back

PLEASE COMPLETE: Your spine may make it difficult to do some things you normally do. This list contains sentences people use to describe themselves with such problems. Think of yourself 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 SPINE:

No Partly Yes

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. I stay at home most of the time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. I change position frequently for comfort. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. I avoid heavy jobs (e.g. cleaning, lifting more than 5kg or 10lbs, gardening, etc). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. I rest more often. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. I get others to do things for me. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. I have the pain / problem almost all the time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. I have difficulty lifting and carrying (e.g. bags, shopping up to 5kg or 10lbs). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. My appetite is now different. |

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. My walking or normal recreation or sporting activity is affected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. I have difficulty with normal home or family duties and chores. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. I sleep less well. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. I need assistance with personal care (e.g. washing and hygiene). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. My regular daily activities (work, social contacts) are affected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. I am more irritable and / or bad tempered. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. I feel weaker and / or stiffer. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. My transport independence is affected (driving, public transport). |

| | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. I require assistance or am slower with dressing. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. I have difficulty moving in bed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. I have difficulty concentrating and / or reading. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. My sitting is affected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. I have difficulty getting in and out of chairs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. I only stand for short periods of time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. I have difficulty squatting and / or kneeling down. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. I have trouble reaching down (e.g. pick-up things, put on socks). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. I go up stairs slower or use a rail. |

SFI SCORE: To score the upper part - add the marked boxes:

| | | | | |
|----------------------|---------------------------|-------------------------------------|----------------------|----------|
| <input type="text"/> | TOTAL (SFI points) | 100 Scale: 100 – (TOTALx4) = | <input type="text"/> | % |
|----------------------|---------------------------|-------------------------------------|----------------------|----------|

MDC (90% CI): Neck = 6.9% or 1.7 SFI pts; Mid and Lower Back = 5.9% or 1.5 SFI pts;**All spine = 6.5 % or 1.6 SFI pts Change less than this may be due to error.**