

This questionnaire is designed to enable us to understand how much your pain has affected your ability to manage your everyday activity. PLEASE ONLY MARK THE ONE BOX WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM.

## Section 1 – Pain Intensity

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much

## Section 2 – Personal Care

- I do not have to change the way I wash and dress to avoid pain.
- I do not normally change the way I wash or dress myself even though it causes pain.
- Washing and dressing increases the pain, but I can do it without changing my way of doing it.
- Because of my pain, I am partially unable to wash or dress myself without help.
- Because of my pain, I am completely unable to wash or dress myself without help.

## Section 3 – Lifting

- I can lift heavy weights without increased pain.
- I can lift heavy weights but it causes increased pain.
- Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently placed (i.e., on the 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 lighter weights.
- I cannot lift or carry anything at all.

## Section 4 – Walking

- I have no pain when walking.
- I have some pain when walking, but can still walk my normal distances.
- Pain prevents me from walking long distances.
- Pain prevents me from walking intermediate distances.
- Pain prevents me from walking even short distances.
- Pain prevents me from walking at all.

## Section 5 – Sitting

- Sitting does not cause me pain.
- I can sit as long as I need provided I have my choice of sitting surfaces.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

## Section 6 – Standing

- I can stand as long as I want without increased pain.
- I can stand as long as I want but my pain increased with time.
- Pain prevents me from standing more than 1 hour.

- Pain prevents me from standing more than ½ hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing.

## Section 7 – Sleeping

- I get no pain while I am in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of my pain, my duration of sleep is ¾ of my normal amount.
- Because of my pain my duration of sleep is ½ my normal amount.
- Because of my pain my duration of sleep is ¼ my normal amount.
- Pain prevents me from sleeping at all.

## Section 8 – Social Life

- My social life is normal and does not increase my pain.
- My social life is normal, but it increases my level of pain.
- Pain prevents me from participating in more energetic activities (i.e., sports, dancing, etc).
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I hardly have any social life because of my pain.

## Section 9 – Traveling

- I get no pain while traveling
- I get some pain while traveling, but it does not make travel worse.
- I get some pain while traveling, but it does not cause me to seek alternative forms of travel.
- I get increased pain while traveling which does require me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except for any lying down.

## Section 10 – Employment/Home making

- My normal job/homemaking activities do not cause pain.
- My normal job/homemaking activities cause me extra pain, but I can still perform all that is required of me.
- I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities.
- Pain prevents me from doing anything but light duties.
- Pain prevents me from even light duties.
- Pain prevents me from performing any job/homemaking chores.

Patient Signature and Date

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