

Name \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_

Instructions: Please mark the 1 box in each section that most closely describes your problem.

### Section 1-Pain intensity

- 1. The pain comes and goes and is very mild.
- 2. The pain is mild and does not vary much.
- 3. The pain comes and goes and is moderate.
- 4. The pain is moderate and does not vary much.
- 5. The pain comes and goes and is severe.
- 6. The pain is severe and does not vary much.

### Section 2-Personal care

- 1. I would not have to change my way of washing or dressing in order to avoid pain.
- 2. I do not normally change my way of washing or dressing even though it causes some pain.
- 3. Washing and dressing increases the pain but I manage not to change my way of doing it.
- 4. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- 5. Because of the pain I am unable to do some washing and dressing without help.
- 6. Because of the pain I am unable to do any washing or dressing with the help.

### Section 3-Lifting

- 1. I can lift heavy weights without extra pain.
- 2. I can lift heavy weights but it gives extra pain.
- 3. Pain prevents me from lifting heavy weights off the floor but can if conveniently positioned
- 4. Pain prevents me from lifting heavy weights off the floor, I can manage light weights if they are conveniently positioned (on a table).
- 5. I can lift only very light weights.
- 6. I cannot lift or carry anything at all.

### Section 4-Walking

- 1. I have no pain when walking.
- 2. Pain prevents me from walking more than 1 mile
- 3. Pain prevents me from walking more than ½ mile
- 4. Pain prevents me from walking more than ¼ mile.
- 5. Pain prevents me from walking short distance.
- 6. Pain prevents me from walking at all

### Section 5-Sitting

- 1. Sitting does not cause me any pain.
- 2. I can sit only in my favorite chair as long as I like.
- 3. Pain prevents me from sitting more than 1 hour.
- 4. Pain prevents me from sitting more than 1/2 hour.
- 5. Pain prevents me from sitting more than 10 minutes.
- 6. Pain prevents me from sitting at all.

### Sections 6-Standing

- 1. I can stand as long as I want to without pain.
- 2. I can stand as long as I want but pain increases with time.
- 3. Pain prevents me from standing longer than 1 hour.
- 4. Pain prevents me from standing longer than ½ hour.
- 5. Pain prevents me from standing longer than 10 minutes.
- 6. I avoid standing because it increases my pain immediately.

### Sections 7-Sleeping

- 1. I get no pain in bed.
- 2. I have pain in bed but it does not prevent me from sleeping well.
- 3. Because of pain my sleep is only ¾ of my normal amount.
- 4. Because of pain my sleep is only ½ of my normal amount.
- 5. Because of pain my sleep is only ¼ of my normal amount.
- 6. Pain prevents me from sleeping at all.

### Section 8- Social life

- 1. My social life is normal and gives me no pain.
- 2. My social life is normal but increases the degree of pain.
- 3. Pain prevents me from participating in more energetic activities (ex. sports, dancing, etc.).
- 4. Pain prevents me from going out very often.
- 5. Pain has restricted my social life to my home.
- 6. I have hardly any social life because of the pain.

### Section 9-Traveling

- 1. I have no pain when traveling.
- 2. I have some pain when traveling but none of my usual forms of travel make it any worse.
- 3. I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
- 4. I get extra pain while traveling which compels me to seek alternative forms of travel.
- 5. Pain restricts all forms of travel except that which is done while I am lying down.
- 6. Pain restricts all forms of travel.

### Section 10-Changing degree of pain

- 1. My pain is rapidly getting better.
- 2. My pain fluctuates but is definitely getting better.
- 3. My pain seems to be getting better, but improvement is slow at present.
- 4. My pain is neither getting better or worse.
- 5. My pain is gradually worsening.
- 6. My pain is rapidly worsening.