

Please pick the response in each section that most closely describes your current pain level/ability.

Section 1 – Pain Intensity

- I can tolerate the pain I have without having to use pain medication.
- The pain is bad, but I manage without having to take pain medication.
- Pain medication provides me complete relief from pain.
- Pain medication provides me moderate relief from pain.
- Pain medication provides me little relief from pain.
- Pain medication has no effect on the pain.

Section 2 – Personal Care (Washing, Dressing, etc.)

- I can take care of myself normally without causing increased pain.
- I can take care of myself normally, but it increases my pain.
- It is painful to take care of myself and I am slow and careful.
- I need help but I am able to manage most of my personal care.
- I need help every day in most aspects of my care.
- I do not get dressed, wash with difficulty and stay in bed.

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 weights off the floor, but I can manage if weights are conveniently positioned, e.g., on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all

Section 4 - Walking

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than ½ mile
- Pain prevents me walking more than ¼ mile
- I can only walk using crutches or a cane.
- I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 mins.
- 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 increases my pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than ½ hour.
- Pain prevents me from standing for more than 10 mins.
- Pain prevents me from standing at all.

Section 7 – Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using pain medication.
- Even when I take pain medication, I sleep less than 6 hours.
- Even when I take pain medication, I sleep less than 4 hours.
- Even when I take pain medication, I sleep less than 2 hours.
- 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 have hardly any social life because of my pain.

Section 9 – Traveling

- I can travel anywhere without increased pain.
- I can travel anywhere but it increases my pain.
- Pain restricts travel over 2 hours.
- Pain restricts travel over 1 hour.
- Pain restricts my travel to short necessary journeys under ½ hour.
- Pain prevents all travel except for visits to the doctor/therapist or hospital.

Section 10 – Employment/Homemaking

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

Therapist Use Only			
Comorbidities	<input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Multiple Treatment Areas	<input type="checkbox"/> Neurological Disorders (e.g., Parkinson’s, Muscular Dystrophy, Huntington’s, CVA, Alzheimer’s, TBI) <input type="checkbox"/> Obesity <input type="checkbox"/> Surgery for this problem <input type="checkbox"/> Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)	ICD Code: _____