

PATIENT NAME: _____ **Age:** _____

Date of onset of symptoms: _____ **Today's Date:** _____

On the diagram below, please indicate where you are experiencing pain or other symptoms, right now. Please complete both sides of this form.

A = Ache

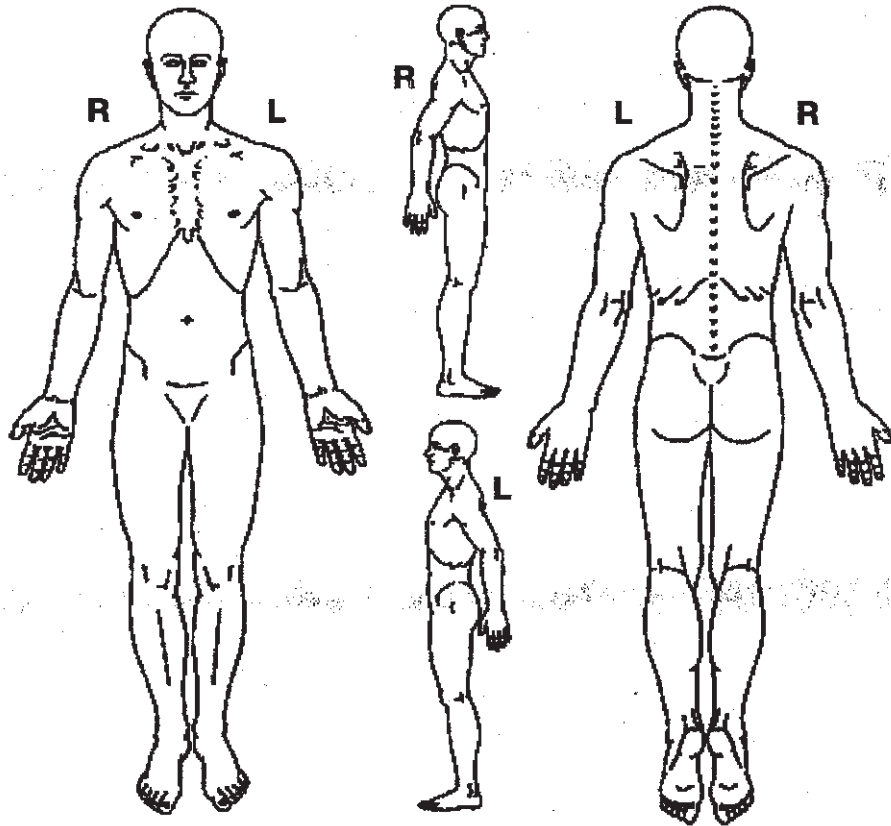
B = Burning

N = Numbness

P = Pins & Needles

S = Stabbing

O = Other



Pain Assessment Scale



0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Annoying	Discomforting Nagging	Distressing Miserable	Horrible Intense	Excruciating Unbearable					

Please write the number that best describes your pain right now: _____

Pain is present but does not limit activities

Can do most activities with rest periods

Unable to do some activities because of pain

Unable to do most activities because of pain

Unable to do any activities because of pain

OVER PLEASE →

INSTRUCTIONS: Please complete this questionnaire. It is designed to enable us to understand how much your back pain has affected your ability to manage everyday activities. Please answer each statement by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, **but please just circle the one choice which closely describes your problem right now.**

SECTION 1 – Pain Intensity	SECTION 6- Standing
A. I have no pain at the moment.	A. I can stand as long as I want without extra pain.
B. The pain is very mild at the moment.	B. I can stand as long as I want but it gives me extra pain.
C. The pain is moderate at the moment.	C. Pain prevents me from standing for more than 1 hour.
D. The pain is fairly severe at the moment.	D. Pain prevents me from standing for more than 1/2 an hour.
E. The pain is very severe at the moment.	E. Pain prevents me from standing for more than 10 minutes.
F. The pain is the worst imaginable at the moment.	F. Pain prevents me from standing at all.
SECTION 2– Personal Care (Washing, Dressing, etc.)	SECTION 7-Sleeping
A. I can look after myself normally without causing extra pain.	A. My sleep is never disturbed by pain.
B. I can look after myself normally, but it is very painful.	B. My sleep is occasionally disturbed by pain.
C. It is painful to look after myself, and I am slow and careful.	C. Because of pain, I have less than 6 hours of sleep.
D. I need some help, but I manage most of my personal care.	D. Because of pain, I have less than 4 hours of sleep.
E. I need help every day in most aspects of self care.	E. Because of pain, I have less than 2 hours of sleep.
F. I do not get dressed, I wash with difficulty, I stay in bed.	F. Pain prevents me from sleeping at all.
SECTION 3- Lifting	SECTION 8– Sex Life (if applicable)
A. I can lift heavy weights without extra pain.	A. My sex life is normal and causes no extra pain.
B. I can lift heavy weights, but it gives me extra pain.	B. My sex life is normal but causes some extra pain.
C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.	C. My sex life is nearly normal but is very painful.
D. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.	D. My sex life severely restricted by pain.
E. I can only lift very light weights.	E. My sex life is nearly absent because of pain.
F. I cannot lift or carry anything at all.	F. Pain prevents any sex life at all.
SECTION 4- Walking	SECTION 9– Social Life
A. Pain does not prevent me from walking any distance.	A. My social life is normal and causes no extra pain.
B. Pain prevents me from walking more than 1 mile.	B. My social life is normal but increases the degree of pain.
C. Pain prevents me from walking more than 1/2 mile.	C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., sports, etc.
D. Pain prevents me from walking more than 100 yards.	D. Pain has restricted my social life and I do not go out as often.
E. I can only walk using a stick or crutches	E. Pain has restricted social life to my home.
F. I am in bed most of the time and have to crawl to the toilet.	F. I have no social life because of pain.
SECTION 5 - Sitting	SECTION 10 - Traveling
A. I can sit in any chair for as long as I like.	A. I can travel anywhere without pain.
B. I can sit in my favorite chair for as long as I like.	B. I can travel anywhere, but it gives me extra pain.
C. Pain prevents me from sitting more than 1 hour.	C. Pain is bad, but I manage journeys over 2 hours.
D. Pain prevents me from sitting more than 1/2 an hour.	D. Pain restricts me to journeys less than one hour.
E. Pain prevents me from sitting more than 10 minutes.	E. Pain restricts me to short necessary journeys less than 30 minutes.
F. Pain prevents me from sitting at all.	F. Pain prevents me from traveling except to receive treatment.

SIGNATURE: _____ **RAW SCORE** _____ **DISABILITY INDEX SCORE:** _____ %