



521 Yopp Rd. Ste 107  
Jacksonville, NC 28540  
Phone: 910-333-9723 Fax: 910-333-8454

Pt. Name: \_\_\_\_\_  
Acct #: \_\_\_\_\_

### Back Index

#### **PAIN INTENSITY**

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

#### **PERSONAL CARE**

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

#### **LIFTING**

- 0- I can lift heavy weights without extra pain.
- 1- I can lift heavy weights, but it causes extra pain.
- 2- Pain prevents me from lifting heavy weights off the floor.
- 3- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned. ( e.g., on a table)
- 4- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 5- I can only lift very light weights at the most.

#### **WALKING**

- 0- Pain does not prevent me from walking any distance.
- 1- I have some pain while walking but it doesn't increase with distance.
- 2- I cannot walk for more than 1 mile without increasing pain.
- 3- I cannot walk for more than 1/2 mile without increasing pain.
- 4- I cannot walk for more than 1/4 mile without increasing pain.
- 5- I cannot walk at all without increasing pain.

#### **SITTING**

- 0- I can sit in any chair as long as I like without pain.
- 1- I can only sit in my favorite chair as long as I like.
- 2- Pain prevents me from sitting more than 1 hour.
- 3- Pain prevents me from sitting more than 1/2 hour.
- 4- Pain prevents me from sitting more than 10 minutes.
- 5- I avoid sitting because it increases my pain immediately.

#### **STANDING**

- 0- I can stand as long as I want without pain.
- 1- I have some pain while standing, but it does not increase with time.
- 2- I cannot stand for longer than 1 hour without increasing pain.
- 3- I cannot stand for longer than 1/2 hour without increasing pain.
- 4- I cannot stand for longer than 10 minutes without increasing pain.
- 5- I avoid standing; because it increases the pain immediately.

#### **SLEEPING**

- 0- I get no pain in bed.
- 1- I get pain in bed, but it does not prevent me from sleeping well.
- 2- Because of pain, my normal night's sleep is reduced by less than 25%.
- 3- Because of pain, my normal night's sleep is reduced by less than 50%.
- 4- Because of pain, my normal night's sleep is reduced by less than 75%.
- 5- Pain prevents me from sleeping at all.

#### **SOCIAL LIFE**

- 0- My social life is normal and gives me no pain.
- 1- My social life is normal, but increases the degree of my pain.
- 2- Pain has no significant effect on my social life apart from limiting my more energetic interests. (e.g., dancing, etc.)
- 3- Pain has restricted my social life, and I do not go out very often.
- 4- Pain has restricted my social life to my home.
- 5- I have hardly any social life because of the pain.

#### **TRAVELING**

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

#### **CHANGING DEGREE OF PAIN**

- 0- My pain is rapidly getting better.
- 1- My pain fluctuates, but overall is definitely getting better.
- 2- My pain seems to be getting better, but improvement is slow at present.
- 3- My pain is neither getting better nor worse.
- 4- My pain is gradually worsening.
- 5- My pain is rapidly worsening.

Patient Signature: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_