

Please answer each section by checking the box for the ONE statement which most closely applies to you.

Pain Intensity:

- I can tolerate the pain I have without having to use painkillers.
- The pain is bad, but I manage without taking painkillers.
- Painkillers give complete relief from pain.
- Painkillers give moderate relief from pain.
- Painkillers give very little relief from pain.
- Painkillers have no effect on the pain, and I do not use them.

Personal Care (Washing, Dressing, etc.):

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

Lifting:

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, 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 very light weights.
- I cannot lift or carry anything at all.

Walking:

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

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 sitting more than ___ hour.
- Pain prevents me sitting more than 10 min.
- Pain prevents me from sitting at all.

Standing:

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than ___ hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Traveling/Driving:

- I can travel/drive anywhere without extra pain.
- I can travel/drive anywhere but it gives me extra pain.
- Pain is bad but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain restricts me from traveling except to the doctor or hospital.

Sleeping:

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

Recreation:

- I am able to engage in all of my recreational activities with no pain at all.
- I am able to engage in all of my recreational activities with some pain.
- I am able to engage in most, but not all of my recreational activities because of pain.
- I am able to engage in a few of my recreational activities because of pain.
- I can hardly do any recreational activities because of pain.
- I cannot do any recreational activities at all.

Changing Degree of Pain:

- My pain is rapidly getting better.
- My pain fluctuates, but overall is definitely getting better.
- My pain seems to be getting better, but improvement is slow at present.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.