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Date Name

Please answer EVERY section by marking one statement that most closely describes your problem.

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 no vary much.
- 4-The pain comes and goes and is very severe.
- 5-The pain is very severe and does not vary much.

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 sleep is reduced by less than 25%.
- 3-Because of my pain my sleep is reduced by less than 50%.
- 4-Because of my pain my sleep is reduced by less than 75%.
- 5- Pain prevents me from sleeping at all.

Sitting

- 0-I can sit in any chair as long as I like.
- 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 ½ hour.
- 4-Pain prevents me from sitting more than 10 minutes.
- 5-I avoid sitting because it increases 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. 1-My social life is normal but increases the degree of pain.
- 2-I cannot stand for longer than 1 hour without increasing pain.
- 3-I cannot stand for longer than ½ hours without increasing pain.
- 4-I cannot stand for longer than 10 minutes without increasing pain.
- 5-I avoid standing because it increases pain immediately.

Walking

- 0-I have no pain while walking.
- 1-I have some pain while walking but it doesn't increase w/ distance. 1-My pain fluctuates but overall is definitely getting better.
- 2-I cannot walk more than 1 mile without increasing pain.
- 3-I cannot walk more than 1/2 mile without increasing pain.
- 4-I cannot walk more than 1/4 mile without increasing pain.
- 5-I cannot walk at all without increasing pain.

Personal Care

- 0-I do not have to change my way of washing or dressing in order to avoid
- 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 pain I am unable to do some washing and dressing without help.
- 5-Because of pain I am unable to do any washing and 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 the table)
- 4-Pain prevents me from lifting heavy weights off the floor, but I can manage light/medium weights if they are conveniently positioned.
- 5-I can only lift very light weights.

Traveling

- 0-I get no pain while traveling.
- 1-I some pain while traveling but none of my usual forms of travel make it
- 2-I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- 3-I get extra pain while traveling which causes me to seek alternate forms of
- 4-Pain restricts all forms of travel except when done while lying down.
- 5-Pain restricts all forms of travel.

Social Life

- 0-My social life is normal and gives me no extra pain.
- 2-Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing)
- 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 pain.

Changing degree of pain

- 0-My pain is rapidly getting better.
- 2-My pain seems to be getting better but improvement is slow.
- 3-My pain is neither getting better or worse.
- 4-My pain is gradually worsening.
- 5-My pain is rapidly worsening.

Index Score = [sum of all statements selected/ (# of section with a statement selected x 5)] x 100

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