Name:_____ Date:_____/_____/_____
Last First Middle Initial Month Day Year

ID Number_____ Chart Number _____ Examiner's Initials_____

PLEASE MAKE AN 'X' ALONG THE LINE TO SHOW HOW FAR FROM NORMAL TOWARD THE WORST POSSIBLE SITUATION YOUR PAIN PROBLEM HAS TAKEN YOU.

| | | SCORE |
|---|---|---|
| 1. | How bad is your pain today?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO PAIN — MOST SEVERE PAIN | |
| 2. | How bad is your pain on the average?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO PAIN — MOST SEVERE PAIN | |
| 3. | How bad is your pain at its worst?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO PAIN — CANNOT TOLERATE | |
| 4. | Does your pain interfere with your sleep?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — CAN'T SLEEP | |
| 5. | How bad is your pain with standing?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO PAIN — MOST SEVERE PAIN | |
| 6. | How bad is your pain with walking?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO PAIN — MOST SEVERE PAIN | |
| 7. | Does your pain interfere with driving or riding in a car?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — CAN'T DRIVE OR RIDE | |
| 8. | Does your pain interfere with social activities?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — ALWAYS | |
| 9. | Does your pain interfere with recreational activities?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — ALWAYS | |
| 10. | Does your pain interfere with work activities?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — CAN'T WORK | |
| 11. | Does your pain interfere with your personal care (eating, dressing, bathing, etc.)?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — ALWAYS | SCORE |
| 12. | Does your pain interfere with your personal relationships (family, friends, sex., etc.)?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — ALWAYS | |
| 13. | How has your pain changed your outlook on life and the future (depression, hopelessness)?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO CHANGE — COMPLETELY CHANGED | |
| 14. | Does pain affect your emotions?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — COMPLETELY | |
| 15. | Does your pain affect your ability to think or concentrate?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT AT ALL — COMPLETELY | |
| 16. | How stiff is your neck?<br>0 1 2 3 4 5 6 7 8 9 10<br>NOT STIFF — CAN'T MOVE NECK | |
| 17. | How much trouble do you have turning your neck?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO TROUBLE — CAN'T MOVE NECK | |
| 18. | How much trouble do you have looking up or down?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO TROUBLE — CAN'T LOOK UP OR DOWN | |
| 19. | How much trouble do you have working overhead?<br>0 1 2 3 4 5 6 7 8 9 10<br>NO TROUBLE — CAN'T WORK OVERHEAD | |
| 20. | How much do pain pills help?<br>0 1 2 3 4 5 6 7 8 9 10<br>COMPLETE RELIEF — NO RELIEF | |

TOTAL SCORE_____

AGE:_____ OCCUPATION_____

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