

SOUTHSIDE PHYSICAL THERAPY, INC.

Name: _____

Date: _____

This Questionnaire has been designed to give your Physical Therapist and Physician information as to how your pain has effected your ability to manage in every day life.

Please answer every section and mark only one line which applies to you. If there are two statements which you may consider, pick the one which most closely describes your problem.

SECTION 1 - PAIN INTENSITY.

- I can tolerate the pain without pain killers.
- The pain is bad but I manage without taking pain killers.
- Pain killers give complete relief of pain.
- Pain killers give moderate relief of pain.
- Pain killers give very little relief of pain.
- Pain killers have no effect on the pain and I do not use them.

SECTION 2 - 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 personal care.
- I do not get dressed, wash with care and stay in bed.

SECTION 3 - LIFTING

- I can lift heavy weights without extra discomfort.
- I can lift heavy weight but it causes extra pain.
- Pain prevents me from lifting heavy weight from the floor but I can manage if it is conveniently positioned, eg. On a table.
- Pain prevents me from lifting heavy weights but I can lift medium and light weights if they are conveniently positioned.
- I can lift only light weights.
- I cannot lift or carry anything at all.

SECTION 4 - WALKING

- Pain does not prevent me from walking at all.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 2 a mile.
- Pain prevents me from walking more than 1/4 of a mile.
- I can only walk short distances with a cane or crutches.
- I am in bed most of the time and have to crawl to the toilet.

SECTION 5 - SITTING

- I can sit as long as I like.
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 2 an hour.
- Pain prevents me from sitting for more than 1/4 of an hour.
- Pain prevents me from sitting at all.

SECTION 6 - STANDING

- I can stand as long as I like without extra pain.
- I can stand as long as I like but with extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 2 an hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

SECTION 7 - SLEEPING

- Pain does not prevent me from sleeping well.
- I can sleep well only by using medication.
- Even with medication I get less than 6 hours sleep.
- Even with medication I get less than 4 hours sleep.
- Even with medication I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

SECTION 8 - WORK

- I can work normally without extra pain.
- I can work normally but it causes some extra pain.
- I can work normally but it causes a lot of extra pain
- I can work nearly normally for a restricted time.
- I can only work light duty because of the pain.
- Pain prevents me from working at all.

SECTION 9 - SOCIAL LIFE

- My social life is normal without any pain.
- My social life is normal but causes extra pain.
- Pain has no significant effect on my social life except limiting the more energetic activities such as dancing.
- Pain restricts my social life and I do not go out often.
- Pain has restricted my social life to my home.
- I have no social life because of the pain.

SECTION 10 - TRAVELING

- I can travel anywhere without extra pain.
- I can travel anywhere but it causes extra pain.
- The pain is bad but I do manage journeys over 2 hours.
- Pain restricts journeys to under 1 hour.
- Pain restricts me to necessary journeys of under 30 minutes.
- Pain restricts me from traveling except for medical appointments.