

Name \_\_\_\_\_ Date \_\_\_\_\_ Visit \_\_\_\_\_

Please rate the severity of your pain over the last week by circling a number below

No pain 

0	1	2	3	4	5	6	7	8	9	10
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 Unbearable pain

Please circle the **ONE** NUMBER in each section which most closely describes your problem.

<p><b>Section 1 - Pain Intensity</b></p> <p>0 I have no pain at the moment.</p> <p>1 The pain is very mild at the moment.</p> <p>2 The pain is moderate at the moment.</p> <p>3 The pain is fairly severe at the moment.</p> <p>4 The pain is very severe at the moment.</p> <p>5 The pain is the worst imaginable at the moment.</p>	<p><b>Section 6 - Concentration</b></p> <p>0 I can concentrate fully when I want to, with no difficulty.</p> <p>1 I can concentrate fully when I want to, with slight difficulty.</p> <p>2 I have a fair degree of difficulty in concentrating when I want to.</p> <p>3 I have a lot of difficulty in concentrating when I want to.</p> <p>4 I have a great deal of difficulty in concentrating when I want to.</p> <p>5 I cannot concentrate at all.</p>
<p><b>Section 2 - Personal Care (Washing, Dressing, etc.)</b></p> <p>0 I can look after myself normally, without causing extra pain.</p> <p>1 I can look after myself normally, but it causes extra pain.</p> <p>2 It is painful to look after myself and I am slow and careful.</p> <p>3 I need some help, but manage most of my personal care</p> <p>4 I need help every day in most aspects of self care.</p> <p>5 I do not get dressed; I wash with difficulty and stay in bed.</p>	<p><b>Section 7 - Work</b></p> <p>0 I can do as much work as I want to.</p> <p>1 I can do my usual work, but no more.</p> <p>2 I can do most of my usual work, but no more</p> <p>3 I cannot do my usual work.</p> <p>4 I can hardly do any work at all.</p> <p>5 I can't do any work at all.</p>
<p><b>Section 3 - Lifting</b></p> <p>0 I can lift heavy weights without extra pain.</p> <p>1 I can lift heavy weights, but it gives extra pain.</p> <p>2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.</p> <p>3 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.</p> <p>4 I can lift very light weights.</p> <p>5 I cannot lift or carry anything at all.</p>	<p><b>Section 8 - Driving</b></p> <p>0 I can drive my car without any neck pain.</p> <p>1 I can drive my car as long as I want, with slight pain in my neck.</p> <p>2 I can drive my car as long as I want, with moderate pain in my neck.</p> <p>3 I can't drive my car as long as I want, because of moderate pain in my neck.</p> <p>4 I can hardly drive at all, because of severe pain in my neck.</p> <p>5 I can't drive my car at all.</p>
<p><b>Section 4- Reading</b></p> <p>0 I can read as much as I want to, with no pain in my neck.</p> <p>1 I can read as much as I want to, with slight pain in my neck.</p> <p>2 I can read as much as I want to, with moderate pain in my neck.</p> <p>3 I can't read as much as I want, because of moderate pain in my neck.</p> <p>4 I can hardly read at all, because of severe pain in my neck.</p> <p>5 I cannot read at all.</p>	<p><b>Section 9 - Sleeping</b></p> <p>0 I have no trouble sleeping.</p> <p>1 My sleep is slightly disturbed (less than 1 hour sleepless).</p> <p>2 My sleep is mildly disturbed (1-2 hours sleepless).</p> <p>3 My sleep is moderately disturbed (2-3 hours sleepless).</p> <p>4 My sleep is greatly disturbed (3-5 hours sleepless).</p> <p>5 My sleep is completely disturbed (5-7 hours sleepless).</p>
<p><b>Section 5 - Headaches</b></p> <p>0 I have no headaches at all.</p> <p>1 I have slight headaches that come infrequently.</p> <p>2 I have moderate headaches that come infrequently.</p> <p>3 I have moderate headaches that come frequently.</p> <p>4 I have severe headaches that come frequently.</p> <p>5 I have headaches almost all the time.</p>	<p><b>Section 10 - Recreation</b></p> <p>0 I am able to engage in all my recreation activities, with no neck pain at all.</p> <p>1 I am able to engage in all my recreation activities, with some neck pain.</p> <p>2 I am able to engage in most, but not all, of my usual recreation activities, because of pain in my neck.</p> <p>3 I am able to engage in a few of my recreation activities, because of pain in my neck.</p> <p>4 I can hardly do any recreation activities, because of pain in my neck.</p> <p>5 I can't do any recreation activities at all.</p>