



650 Townbank Rd.; Ste 203; N. Cape May, NJ 08204 609 884-9800

PLEASE Choose **ONLY ONE** Best Answer! **DO NOT** choose more than **1**. If you haven't performed the activity described, still make a selection based upon what you believe your capability would be if you were to perform the activity. **DO NOT** leave any questions unmarked. This gives us important information about your pain and function. Also, your insurance company requires this information and they need to know whether you actually need physical therapy and have a problem with your ability to function. They are primarily interested in your ability to function and perform daily activities.

Pain Intensity

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

Personal Care (Washing, Dressing, etc.)

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increase the pain but I manage not to change my way of doing it.
- Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- Because of the pain I am unable to do some washing and dressing without help.
- Because of the pain I am unable to do any washing and dressing without help.

Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me lifting heavy weights off the floor.
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights at most.



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Walking

- I have no pain on walking.
- I have some pain on walking but it does not increase with distance.
- I cannot walk more than 1 mile without increasing pain.
- I cannot walk more than 1/2 mile without increasing pain.
- I cannot walk more than 1/4 mile without increasing pain.
- I cannot walk at all without increasing pain.

Sitting

- I can sit in any chair as long as I like.
- I can sit only in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain immediately.

Standing

- I can stand as long as I want without pain.
- I have some pain on standing but it does not increase with time.
- I cannot stand for longer than 1 hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain immediately.

Sleeping

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain my normal nights sleep is reduced by less than one-quarter.
- Because of pain my normal nights sleep is reduced by less than one-half.
- Because of pain my normal nights sleep is reduced by less than three-quarters.
- Pain prevents me from sleeping at all.



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Traveling

I get no pain when traveling.

I get some pain when traveling but none of my usual forms of travel make it any worse.

I get extra pain while traveling but it does not compel me to seek alternate forms of travel.

I get extra pain while traveling which compels to seek alternative forms of travel.

Pain restricts me to short necessary journeys under 1/2 hour.

Pain restricts all forms of travel.

Changing Degree of Pain

My pain is rapidly getting better.

My pain fluctuates but is definitely getting better.

My pain seems to be getting better but improvement is slow.

My pain is neither getting better or worse.

My pain is gradually worsening.

My pain is rapidly worsening.
