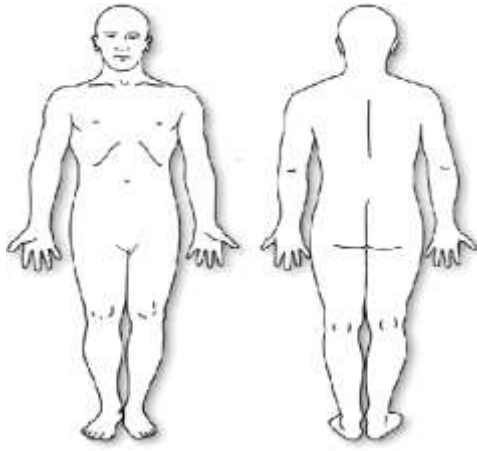
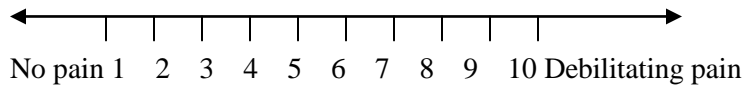


PAIN INDEX CHART

Please mark below any final comments about your health or condition that you would like the doctor to know and consider. Grade your pain on the scale, and answer the questions below to the best of your ability. Please try to answer all of the questions.





Pain intensity: 0. No pain 1. Mild pain 2. Moderate pain 3. Severe pain 4. Worst possible pain

Sleeping: 0. Perfect sleep 1. Mildly disturbed sleep 2. Moderately disturbed sleep 3. Greatly disturbed sleep 4. Totally disturbed sleep

Personal care (washing, dressing, etc): 0. No pain/no restrictions 1. Mild pain/no restrictions 2. Moderate pain/need to go slowly 3. Moderate pain/need some assistance 4. Severe pain/need 100% assistance

Travel (driving, flying, etc): 0. No pain on long trips 1. Mild pain on long trips 2. Moderate pain on long trips 3. Moderate pain on short trips 4. Severe pain on short trips

Work: 0. Can do usual work plus unlimited extra work 1. Can do usual work/no extra work 2. Can do 50% of usual work 3. Can do 25% of usual work 4. Cannot work

Recreation: 0. Can do all activities 1. Can do most activities 2. Can do some activities 3. Can do a few activities 4. Cannot do any activities

Frequency of pain: 0. No pain 1. Occasional pain 25% of the day 2. Intermittent pain 50% of the day 3. Frequent pain 75% of the day 4. Constant pain 100% of the day

Lifting: 0. No pain with heavy weight 1. Increased pain w/heavy weight 2. Increased pain w/moderate weight 3. Increased pain w/light weight 4. Increased pain w/any weight

Walking: 0.No pain any distance 1. Increased pain after one mile 2. Increased pain after one half-mile 3. Increased pain after one quarter-mile 4. Increased pain with all walking

Standing: 0. No pain after several hours 1. Increased pain after several hours 2. Increased pain after one hour 3. Increased pain after one half-hour 4. Increased pain with any standing

Name: _____

Signature: _____

Date: _____

Staff Only:

Score