

NAME _____ Primary Complaint _____

1. Please indicate your usual level of pain during the past week:

No pain 0 1 2 3 4 5 6 7 8 9 10 **Worst possible pain**

2. Does pain, numbness, tingling or weakness extend into your leg (from the low back) &/or arm (from the neck)?

None of the time 0 1 2 3 4 5 6 7 8 9 10 **All of the time**

3. How would you rate your general health?

Poor 0 1 2 3 4 5 6 7 8 9 10 **Excellent**

4. If you had to spend the rest of your life with your condition as it is right now, how would you feel about it?

Delighted 0 1 2 3 4 5 6 7 8 9 10 **Terrible**

5. How anxious (eg. tense, uptight, irritable, fearful, difficulty in concentrating / relaxing) you have been feeling during the past week?

Not at all 0 1 2 3 4 5 6 7 8 9 10 **Extremely anxious**

6. How much you have been able to control (i.e., reduce/help) your pain/complaint on your own during the past week?

I can reduce it 0 1 2 3 4 5 6 7 8 9 10 **I can't reduce it at all**

7. Please indicate how depressed (eg. down-in-the-dumps, sad, downhearted, in low spirits, pessimistic, feelings of hopelessness) you have been feeling in the past week:

Not depressed at all 0 1 2 3 4 5 6 7 8 9 10 **Extremely depressed**

8. On a scale of 0 to 10, how certain are you that you will be doing normal activities or working in six months?

Very certain 0 1 2 3 4 5 6 7 8 9 10 **Not certain at all**

9. I can do light work for an hour.

Completely agree 0 1 2 3 4 5 6 7 8 9 10 **Completely disagree**

10. I can sleep at night.

Completely agree 0 1 2 3 4 5 6 7 8 9 10 **Completely disagree**

11. An increase in pain is an indication that I should stop what I am doing until the pain decreases.

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 **Completely agree**

12. Physical activity makes my pain worse.

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 **Completely agree**

13. I should not do my normal activities including work with my present pain.

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 **Completely agree**

Signature: _____ Date _____