

NAME _____ DATE _____ 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 Worse possible pain
2. Does pain, numbness, tingling or weakness extend into your leg (from the low back) and/or arm (from the neck)?
None of the time 0 1 2 3 4 5 6 7 8 9 10 All the time
3. How would you rate your general health? (10-x)
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 (e.g., 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 have you 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 (e.g., down-in-in-the-dumps, sad, downhearted, in low spirits, pessimistic, feeling of hopelessness) you have been feeling in the past week;
Not 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

Please sign your name _____ Date _____