

FUNCTION TEST

NAME: _____

PLEASE CIRCLE THE NUMBER THAT CORRECTLY DESCRIBES YOUR PAIN

Rate how your pain is aggravated by Activity:

0 1 2 3 4 5 6 7 8 9 10

Rate how severe your pain is at its worst:

0 1 2 3 4 5 6 7 8 9 10

Rate how your pain is on the average:

0 1 2 3 4 5 6 7 8 9 10

Rate how severe your pain is right now, at this moment.

0 1 2 3 4 5 6 7 8 9 10

Rate how frequent you experience pain.

0 1 2 3 4 5 6 7 8 9 10

PLEASE CIRCLE THE NUMBER THAT CORRECTLY DESCRIBES THE LIMITATION OR INTERFERENCE THAT YOUR PAIN CAUSES.

How much does your pain interfere with your ability to walk 1 block?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain prevent you from lifting 10 pounds?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to sit for ½ hour?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to stand for ½ hour?

0 1 2 3 4 5 6 7 8 9 10

NAME: _____

How much does your pain interfere with your ability to get enough sleep?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to participate in social activities?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to travel up to 1 hour in a car?

0 1 2 3 4 5 6 7 8 9 10

In general how much does your pain interfere with your daily activities?

0 1 2 3 4 5 6 7 8 9 10

How much do you limit activities to prevent you pain from getting worse?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with you relationship with your family/partner/significant others?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to do jobs around your home?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to shower or bath without help from someone else?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to write or type?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to dress yourself?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to engage in sexual activities?

0 1 2 3 4 5 6 7 8 9 10

How much does your pain interfere with your ability to concentrate?

0 1 2 3 4 5 6 7 8 9 10

NAME: _____

**PLEASE CIRCLE THE NUMBER THAT CORRECTLY DESCRIBES
THE EFFECT YOUR PAIN HAS ON YOU.**

Rate your overall mood this past week:

0 1 2 3 4 5 6 7 8 9 10

During this past week, how anxious or worried have you been because of your pain?

0 1 2 3 4 5 6 7 8 9 10

During this past week, how depressed have you been because of your pain?

0 1 2 3 4 5 6 7 8 9 10

During this past week, how irritable have you been because of your pain?

0 1 2 3 4 5 6 7 8 9 10

In general, how anxious are you about performing activities because they might make your pain/symptoms worse?

0 1 2 3 4 5 6 7 8 9 10