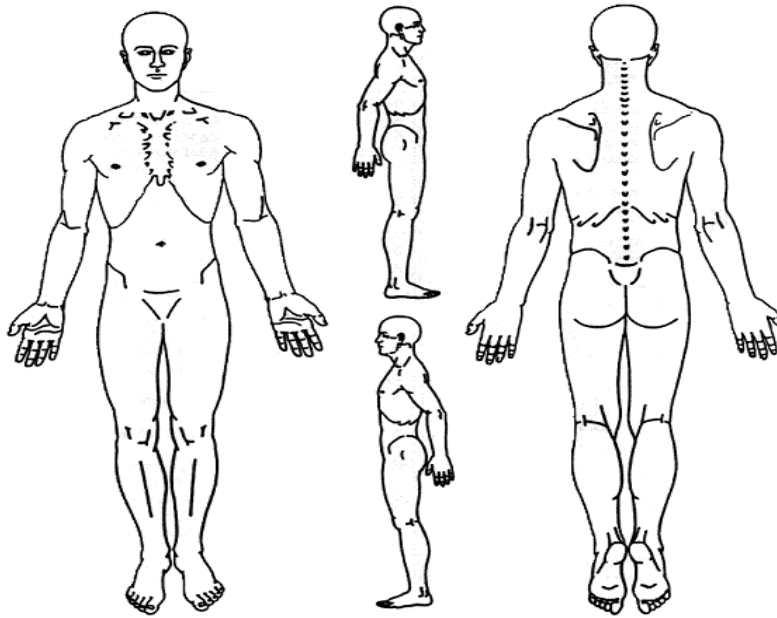


Please mark your areas of pain on the figures below.



For each of the 6 categories below, Please circle the number that best describes your typical level of activity as affected by your pain. A score of "0" means that you are Completely able to function in all of your normal activities within the category, and a score of "10" signifies that you are Completely Unable to function.

1. Family/Home Responsibilities – Activities related to the home or family, including chores and duties performed around the house (i.e. yard work), and errands or favors for family members (i.e. driving the children to school).

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

2. Recreation – Includes hobbies, sports and other similar leisure time activities.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

3. Social Activities – Activities involving participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out and other social functions.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

4. Occupation – Activities that are a part of, or directly related to one's job. This includes non-paying jobs as well, such as that of a homemaker or volunteer worker.

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

5. Self Care – Activities that involve personal maintenance and independent daily living (i.e. showering, getting dressed, driving, etc.).

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

6. Life Support Activities – Basic life-supporting behaviors (i.e. eating, sleeping, breathing, etc.).

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Signature _____ Date _____ Total Score _____