

Activities of Daily Living Assessment

This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life. Please check the items in each section which most closely applies to you.

Section 1 Pain Intensity

- I can tolerate the pain I have without using pain killers.
- The pain is bad, but I manage without taking pain killers.
- Pain killers give complete relief from the pain.
- Pain killers give moderate relief from the pain.
- Pain killers give very little relief from the pain.
- Pain killers give no relief from the pain therefore I do not use them.
- Regardless of the pain, I do not believe in taking pain killers.

Section 2 Personal Care (washing, dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, was with difficulty and stay in bed.

Section 3 Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (on a table or at like height).
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.
- I cannot lift or carry anything at all.

Section 4 Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than ¼ mile.
- I can only walk using a cane, walker or crutches.
- I am in bed most of the time and have to crawl to my destination.

Section 5 Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- I can sit, but am constantly shifting and moving to get comfortable.
- Pain prevents me from sitting for more than one hour.
- Pain prevents me from sitting for more than 30 minutes.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Section 6 Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want, but it causes extra pain.
- Pain prevents me from standing for more than one hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Section 7 Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well, but only by taking sleeping pills/pain medication.
- Even when I take sleeping pills/pain medication I have less than 6 hours sleep.
- Even when I take sleeping pills/pain medication I have less than 4 hours sleep.
- Even when I take sleeping pills/pain medication I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.
- I do not take sleeping pills/pain medication and can only sleep ____ hours.

Section 8 Sex Life

- My sex life is normal and causes no extra pain.
- My sex life is normal, but causes some extra pain.
- My sex life is nearly normal, but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

Section 9 Social Life

- My social life is normal and gives me no extra pain.
- My social life is normal, but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests (dancing, etc.).
- Pain has restricted my social life and I don't go out as often.
- Pain has restricted my social life to home.
- I have no social life because of the pain.

Section 10 Traveling

- I can travel anywhere without extra pain.
- I can travel anywhere, but it gives me extra pain.
- Pain is bad, but I manage journeys over 2 hours.
- Pain restricts me to a journey of less than one hour.
- Pain restricts me to short, necessary trips under ½ an hour.
- Pain restricts me from traveling except to doctor's appointments or the hospital.

Patient's Signature _____ Date _____

Printed Name _____

