

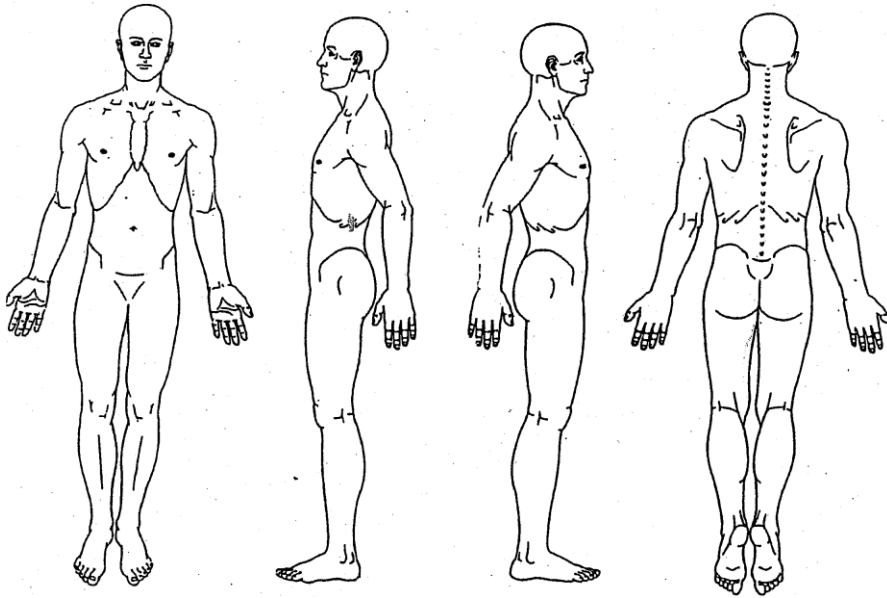
Name _____

Date _____

Please circle the appropriate number. Remember you can only circle one number along the scale.

Using the following descriptive symbols, draw the location of your pain on the body outlines below

<u>ACHE</u> ^^^^	<u>BURNING</u> =====	<u>NUMBNESS</u> 00000000	<u>PINS & NEEDLES</u>	<u>STABBING</u> ////////	<u>OTHER</u> xxxxx
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Describe other pain not listed:

Over the past week, on average, how would you rate your pain?

0	1	2	3	4	5	6	7	8	9	10
<i>No pain</i>										<i>Worst possible pain</i>

How confident are you in your ability to overcome your problem?

0	1	2	3	4	5	6	7	8	9	10
<i>Total confidence</i>										<i>No confidence</i>

How depressed do you feel as a result of your current problem?

0	1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>										<i>Extremely</i>

Based on all the things you do to cope with, or deal with, your back pain, on an average day, how much control do you feel you have over it?

0	1	2	3	4	5	6
<i>No control</i>		<i>Some</i>		<i>Complete control</i>		

Based on all the things you do to cope with, or deal with, your back pain, on an average day, how much are you able to decrease it?

0	1	2	3	4	5	6
<i>Can't decrease it at all</i>		<i>Can decrease it somewhat</i>		<i>Can decrease it completely</i>		

What are two important activities that you cannot do or are having trouble doing? (i.e., "I can't get dressed without help," "I can't play golf," "I can't go to work.")

Activity 1. _____

Please rate activity

0	1	2	3	4	5	6	7	8	9	10
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Able to perform at same level as before problem

Unable to perform

Activity 2. _____

Please rate activity

0	1	2	3	4	5	6	7	8	9	10
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Able to perform at same level as before problem

Unable to perform