**Section 6 - Standing**

* I can stand as long as I want without extra pain.
* I have some pain on standing but it does not increase with time.
* I cannot stand for longer than 1 hour without increasing pain.
* I cannot stand for longer than 1/2 hour without increasing pain.
* I cannot stand for longer than 10 minutes without increasing pain.
* I avoid standing because it increases the pain immediately.

**Section 7 - Sleeping**

* I get no pain in bed
* I get pain in bed but it does not prevent me from sleeping well
* Because of pain my normal night’s sleep is reduced by less than 1/4
* Because of pain my normal night’s sleep is reduced by less than 1/2
* Because of pain my normal night’s sleep is reduced by less than 3/4
* Pain prevents me from sleeping at all

**Section 8 - 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, e.g., dancing, etc.
* Pain has restricted my social life and I do not go out as often.
* Pain has restricted my social life to my home.
* I have no social life because of pain

**Section 9 - Traveling**

* I get no pain while traveling.
* I get some pain from traveling, but none of my usual forms of travel make it any worse.
* I get extra pain while traveling, but it does not compel me to seek   
  alternative forms of travel.
* I get extra pain while traveling, which compels me to seek alternative forms of travel.
* Pain restricts all forms of travel.
* Pain prevents all forms of travel except that done lying down.

**Section 10 - Changing Degree of Pain**

* My pain is rapidly getting better.
* My pain fluctuates but overall it is definitely getting better.
* My pain seems to be getting better but improvement is slow at present.
* My pain is neither getting better nor worse.
* My pain is gradually worsening.
* My pain is rapidly worsening.

**Section 1 Pain Intensity**

* The pain comes and goes and is very mild.
* The pain is mild and does not vary much.
* The pain comes and goes and is moderate.
* The pain is moderate and does not vary much.
* The pain comes and goes and is severe.
* The pain is severe and does not vary much.

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

* I do not have to change my way of washing or dressing in order to avoid pain.
* I do not normally change my way of washing or dressing even though it causes some pain.
* Washing and dressing increases the pain but I manage not to change my way of doing it.
* Washing and dressing increases the pain and I find it necessary to change my way of doing it.
* Because of the pain I am unable to do some washing and dressing without help.
* Because of the pain I am unable to do any washing and dressing without help.

**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.
* Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
* 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 at the most.

**Section 4 - Walking.**

* I have no pain walking.
* I have some pain with walking but it does not increase with distance.
* I cannot walk more than 1 mile without increasing pain
* I cannot walk more than 1/2 mile without increasing pain.
* I cannot walk more than 1/4 mile without increasing pain
* I cannot walk at all without increasing pain

**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.
* Pain prevents me from sitting for more than one hour.
* Pain prevents me from sitting for more than 1/2 hour.
* Pain prevents me from sitting for more than 10 minutes.
* Pain prevents me from sitting at all.

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| *For Therapist Use Only: Questions are scored on a vertical scale of 0-5 (the top option being '0'; the bottom option*  *being' 5 '). Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score 0[20 or*  *more is considered significant activities of daily living disability.*  *(Score \_ x 2) / (\_ Sections x 10) = \_\_ %ADL*  *Physical Therapist signature:*  *Date:* |

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_