

Pain & Daily Activities Questionnaire

Name: _____ Today's Date: ____ / ____ / ____

Areas of Concern: _____

Please check all boxes that apply to you. This form is immensely important for tracking your progress. You will be filling out a new one, together with your therapist, at the end of each referral from your provider.

1. Pain Intensity

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment.
- ☐ The pain is moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worst imaginable at the moment.

2. Changes in Pain

- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates but overall is definitely getting better.
- ☐ My pain seems to be getting better but improvement is slow.
- ☐ My pain is neither getting better or worse.
- ☐ My pain is gradually getting worse.
- ☐ My pain is rapidly getting worse.

3. Medications

- ☐ I take muscle relaxers _____ (how often)
- ☐ I take anti-inflammatories _____ (how often)
- ☐ I take pain relievers _____ (how often)

When was last time you took medication and what kind?

4. Sleeping

- ☐ I have no trouble sleeping.
- ☐ My sleep is slightly disturbed. (less than 1 hr sleepless)
- ☐ My sleep is mildly disturbed. (1-2 hrs. sleepless)
- ☐ My sleep is moderately disturbed. (2-3 hrs. sleepless)
- ☐ My sleep is greatly disturbed. (3-5 hrs. sleepless)
- ☐ My sleep is completely disturbed. (5-7 hrs. sleepless)

5. Caring for Your Home & Family

Write 1-10 for each of the following activities
(1 being easy to do & 10 unable to do)

- ____ Cleaning (laundry, vacuuming, mopping).
- ____ Cooking (doing dishes, lifting pans).
- ____ Yard Work (mowing, weeding, sweeping).
- ____ Children (nursing, picking-up, leaning over).
- ____ Pet Care (feeding, walking on leash, poop-scooping).

6. Caring for Yourself (washing, dressing, shaving, etc.)

- ☐ I can look after myself normally without causing 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.

7. Concentration

- ☐ I can concentrate fully when I want to with no difficulty.
- ☐ I can concentrate fully when I want to with slight difficulty.
- ☐ I have a fair degree of difficulty in concentrating.
- ☐ I have a great deal of difficulty in concentrating.
- ☐ I cannot concentrate at all.

8. Sitting

- ☐ I can sit in any chair as long as I like.
- ☐ I can only sit in certain chairs as long as I like.
- ☐ Pain prevents me from sitting more than 3 hours.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting for more than ½ hour.
- ☐ Pain prevents me from sitting for more than 10 minutes.
- ☐ I avoid sitting because it increases my pain straight away.

Therapist Notes:

(Please turn over)

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9. Standing

- ☐ I can stand as long as I want without pain.
- ☐ I have pain on standing but it doesn't increase with time.
- ☐ I can't stand for more than 1 hour without increasing pain.
- ☐ I can't stand for more than ½ hour without increasing pain.
- ☐ I can't stand for more than 10 min. without increasing pain.
- ☐ I avoid standing because it increases the pain immediately.

10. Walking

- ☐ I have no pain on walking.
- ☐ I have pain on walking, but it doesn't increase with distance.
- ☐ I can't walk more than 1 mile without increasing pain.
- ☐ I can't walk more than ½ mile without increasing pain.
- ☐ I can't walk more than ¼ mile without increasing pain.
- ☐ I can't walk at all without increasing pain.

11. Driving

- ☐ I can drive my car without any pain.
- ☐ I can drive my car as long as I want with slight pain.
- ☐ I can't drive my car as long as I want due to moderate pain.
- ☐ I can't drive my car as long as I want because of severe pain.
- ☐ I can't drive my car at all.

12. Work (computer, lifting, reaching, phones, etc.)

- ☐ I can do as much work as I want.
- ☐ I can do my usual work but no more.
- ☐ I can do most of my usual work but no more.
- ☐ I can't do my usual work.
- ☐ I can hardly do any work at all.
- ☐ I can't do any work at all.

13. Traveling (cycling, train, bus, plane, etc.)

- ☐ I have no pain while traveling.
- ☐ I have some pain while traveling, but none of my usual forms of travel make it worse.
- ☐ I have extra pain while traveling, but it does not compel me to seek alternate forms of travel.
- ☐ I have extra pain while traveling, which compels me to seek alternate forms of travel.
- ☐ Pain restricts all forms of travel.

14. Sports and Recreation

- ☐ I'm able to engage in my recreational activities with no pain.
- ☐ I'm able to do my recreational activities with some pain.
- ☐ I'm able to engage in most, but not all of my usual recreational activities due to pain.
- ☐ I'm able to engage in a few of my usual recreational activities, but not all, due to pain.
- ☐ I hardly do any recreational activities due to pain.
- ☐ I can't do any recreational activities at all.

15. Social Life

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of the pain.

16. Reading

- ☐ I can read as much as I want to with no pain.
- ☐ I can read as much as I want to with slight pain.
- ☐ I can read as much as I want to with moderate pain.
- ☐ I can't read as much as I want because of moderate pain.
- ☐ I can hardly read at all because of severe pain.
- ☐ I cannot read at all.

17. Headaches

- ☐ I have no headaches at all.
- ☐ I have mild headaches which come infrequently.
- ☐ I have mild headaches which come frequently.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come frequently.
- ☐ I have severe headaches which come frequently.
- ☐ I have severe headaches which come infrequently.
- ☐ I have headaches almost all of the time.

Therapist Notes: