



8) Has your income declined since your pain began?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No decline Lost all income

9) Do you have to take pain medication every day to control your pain?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No medication needed On pain medication throughout the day

10) Does your pain force you to see doctors much more often than before your pain began?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Never see doctors See doctors weekly

11) Does your pain interfere with your ability to see the people who are important to you as much as you would like?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No problem Never see them

12) Does your pain interfere with recreational activities and hobbies that are important to you?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No interference Total interference

13) Do you need help of your family and friends to complete everyday tasks (including both work outside the home and housework) because of your pain?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Never need help Need help all the time

14) Do you now feel more depressed, tense, or anxious than before your pain began?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No depression/tension Severe depression/tension

15) Are there emotional problems caused by your pain that interfere with your family, social, or work activities?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No problems Severe problems

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Functional: 1 \_\_\_ + 2 \_\_\_ + 3 \_\_\_ + 4 \_\_\_ + 5 \_\_\_ + 6 \_\_\_ + 7 \_\_\_ + 12 \_\_\_ + 13 \_\_\_ = \_\_\_\_\_

Psychosocial: 8 \_\_\_ + 9 \_\_\_ + 10 \_\_\_ + 11 \_\_\_ + 14 \_\_\_ + 15 \_\_\_ = \_\_\_\_\_

TOTAL = \_\_\_\_\_