



University
Orthopaedics^{PC}

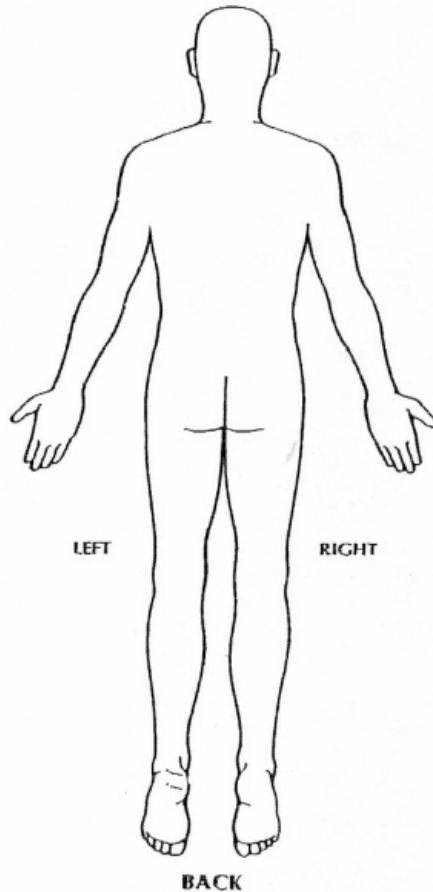
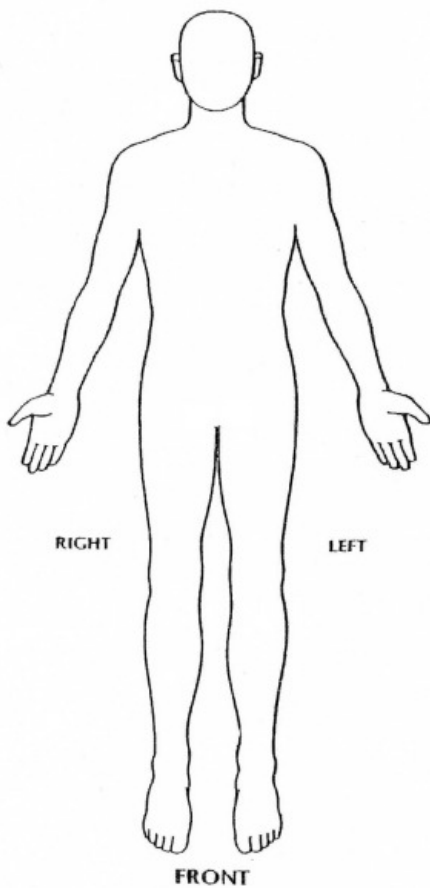
NAME _____ DATE _____

PATIENT I.D. _____ VISIT _____

WHERE IS YOUR PAIN NOW?

MARK THE AREAS ON YOUR BODY WHERE YOU FEEL THE DESCRIBED SENSATIONS. USE THE APPROPRIATE SYMBOL. INCLUDE ALL AFFECTED AREAS. JUST TO COMPLETE THE PICTURE, PLEASE DRAW IN YOUR FACE

ACHE ^^^^ NUMBNESS oooo PINS & NEEDLES ==== BURNING xxxx STABBING ///
 ^^^^ oooo ===== xxxx ///
 ^^^^ oooo ===== xxxx ///



1. In general, would you say your health is excellent, very good, good, fair, or poor?	Excellent Very Good Good Fair Poor
<p>The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</p>	
2. For moderate activities (such as moving a table, pushing a vacuum, bowling, or playing golf), does your health now limit your activities?	Limited a lot Limited a little Not limited at all
3. For strenuous activities (climbing several flights of stairs), does your health now limit your activities?	Limited a lot Limited a little Not limited at all
4. During the past four weeks, have you accomplished less than you would like as a result of your physical health?	No Yes
5. During the past four weeks, were you limited in your work or regular activities as a result of your physical health?	No Yes
6. During the past four weeks, have you accomplished less than you would like because of emotional problems such as feeling depressed or anxious?	No Yes
7. During the past four weeks, did you do work or other activities less carefully because of emotional problems such as feeling depressed or anxious?	No Yes
8. During the past four weeks, how much did pain interfere with your normal work, including work at home and outside the home?	Not at all Slightly Moderately Quite a bit Extremely
<p>The questions below are about how you feel and how things have been going over the past four weeks. For each question, please circle the one answer that comes closest to the way you have been feeling.</p>	
9. How much time during the past four weeks have you felt calm and peaceful?	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time
10. How much of the time during the past four weeks did you have a lot of energy?	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time
11. How much time during the past four weeks have you felt down or depressed?	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time
12. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities such as visiting with friends or family?	All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time