

Spinal Care and Decompression Center PAIN QUESTIONNAIRE

NAME _____ DOB _____

DATE _____ SEX M / F

HOW LONG HAVE YOU BEEN IN PAIN? _____

1. A. Circle the number that best describes your pain on an average day.

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

B. Mark where your pain is now.

No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Since the onset of your problem, has your participation in the following changed? Circle what best describes the amount of interference the pain has caused in:

	Not at all	Somewhat	Quite a lot	A great deal
Physical exercise	1	2	3	4
Work activities	1	2	3	4
Leisure/social	1	2	3	4
Sexual Activity	1	2	3	4
Daily Life	1	2	3	4
Sleeping	1	2	3	4
Relationships	1	2	3	4
Housework & chores	1	2	3	4