

**CURRENT LEVEL OF FUNCTION**

Please check ONE which best represents your level of function

- \_\_\_\_\_ Totally Sedentary (in the bed/chair 75-100% of the day unable to perform basic care
- \_\_\_\_\_ Sedentary Majority (in the bed/chair 50-75% of the day) performs basic care
- \_\_\_\_\_ Somewhat Active (in the bed/chair 25-50% of the day) performs some house/yard work
- \_\_\_\_\_ Able to perform the majority of household duties and/or yard work with pain
- \_\_\_\_\_ Able to perform the majority of household and occupational duties with pain
- \_\_\_\_\_ Pain level has little to no impact on my level of activity

**Please check any of the following which you use on a regular basis:**

- \_\_\_\_\_ Cane                      \_\_\_\_\_ Crutches                      \_\_\_\_\_ Walker                      \_\_\_\_\_ Wheelchair
- \_\_\_\_\_ Back Brace                      \_\_\_\_\_ Cervical Collar                      \_\_\_\_\_ Wrist Supports                      \_\_\_\_\_ Arm Sling
- \_\_\_\_\_ Other Assistive Devices \_\_\_\_\_

**EMOTIONAL / SOCIAL ISSUES**

Marital Status \_\_\_\_\_ If married, how long? \_\_\_\_\_ Children? YES NO

How many? \_\_\_\_\_ Ages? \_\_\_\_\_ Who do you currently live with? \_\_\_\_\_

When you are in pain, how does your spouse/family react?

- \_\_\_\_\_ Supportive-actively tries to help
- \_\_\_\_\_ Supportive-sympathizes, but does not actively help
- \_\_\_\_\_ Ignores
- \_\_\_\_\_ Negatively – no support
- \_\_\_\_\_ No spouse/significant other/family

**Place an "X" on the line according to your present mood**

	1	Very	3	Feel	5	Feel	7	Feel	9	Feel
Suicidal		Depressed		Lousy		Fair		Good		Great
0		2		4		6		8		10