



PESI

Professional Exam Services Inc.

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PAIN SEVERITY RATING

NAME: _____

DATE: _____

Circle one number for each questions

<p>A. Rate how severe your pain is right now, at this moment.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>No pain Most Severe pain imaginable</p>	<p>E. How much does your pain interfere with your ability to get enough sleep?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not prevent me from sleeping Impossible to sleep</p>
<p>B. Rate how severe your pain is at its worst.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>No pain Excruciating</p>	<p>F. How much does your pain interfere with your ability to participate in social activities?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not interfere with social activities Completely interferes with social activities</p>
<p>C. Rate how severe your pain is on average.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>No pain Excruciating</p>	<p>G. How much does your pain interfere with your ability to travel up to 1 hour by car?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not interfere with ability to travel 1 hr by car Completely unable to travel 1 hr by car</p>
<p>D. Rate how severe your pain is aggravated by activity.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Activity does not aggravate pain Excruciating following any activity</p>	<p>H. In general, how much does your pain interfere with your daily activities?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not interfere with my daily activities Completely interferes with my daily activities</p>
<p>E. Rate how frequently you experience pain.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Rarely All the time</p>	<p>I. How much do you limit your activities to prevent your pain from getting worse?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not limit activities Completely limits activities</p>
<p>II. Activity Limitation of Interference</p> <p>A. How much does your pain interfere with your ability to walk 1 block?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not restrict severe Pain makes it impossible to walk 1 block</p>	<p>J. How much does your pain interfere with your relationship with your family/partner/significant others?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not interfere with relationships Completely interferes with relationships</p>
<p>B. How much does your pain prevent you from lifting 10 pounds (a bag of groceries)?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not prevent Impossible to lift 10 lbs.</p>	<p>K. How much does your pain interfere with your ability to do jobs around your home?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not interfere Completely unable to do any jobs around my home</p>
<p>C. How much does your pain interfere with your ability to sit for ½ hour?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not restrict ability to sit for ½ hour Impossible to sit for ½ hour</p>	<p>L. How much does your pain interfere with your ability to shower to bathe without help from someone else?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not interfere at all My pain makes it impossible to shower or bathe without help</p>
<p>D. How much does your pain interfere with your ability to stand for ½ hour?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Pain does not interfere with ability to stand at all Unable to stand at all</p>	<p>M. How much does your pain interfere with your ability to write or type?</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Does not interfere at all My pain makes it impossible to write or type</p>



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N.How much does your pain interfere with your ability to dress yourself ? 0 1 2 3 4 5 6 7 8 9 10 Does not interfere at all My pain makes it impossible to dress yourself
O.How much does your pain interfere with your ability to engage in sexual activities ? 0 1 2 3 4 5 6 7 8 9 10 Does not interfere My pain makes it almost impossible
P.How much does your pain interfere with your ability to concentrate ? 0 1 2 3 4 5 6 7 8 9 10 Never All the time
III. Individual's Report of Effect of Pain on Mood A.Rate your overall mood during the past week. 0 1 2 3 4 5 6 7 8 9 10 Extremely high/good Extremely low/bad
B.During the past week, how Anxious or worried have you been because of your pain? 0 1 2 3 4 5 6 7 8 9 10 Not at all anxious/worried Extremely anxious/worried
C.During the last week, how depressed have you been because of your pain? 0 1 2 3 4 5 6 7 8 9 10 Not at all depressed depressed Extremely depressed
D.During the past week, how irritable have you been because of your pain? 0 1 2 3 4 5 6 7 8 9 10 Not at all irritable Extremely irritable
E.In general, how anxious/worried are you about performing activities because they might make your pain/symptoms worse? 0 1 2 3 4 5 6 7 8 9 10 Not at all anxious/worried Extremely anxious/worried