ARIZONA PAIN MANAGEMENT & REHABILITATION

Estelle R Farrell D.O.

Pre-Evaluation Questionnaire

Name_______________________________ **Date**______________

We thank you very much for answering a few questions before your visit today.

1.) Status: If this is not your first visit, please tell us how you are doing.

☐BETTER ☐SAME ☐WORSE

2.) Pain Level: Please select the number that best describes your level of pain.

☐ 2☺ ☐ 4☺ ☐ 6😐 ☐ 8☹ ☐ 10☹

3.) Emotional State: Please select the face that most describes how you feel today.

☐ ☺ ☐ ☺ ☐ 😐 ☐ ☹ ☐ ☹

4.) Injection/Manipulation Response: How long did it last/help you? ___________________________________

How much does chronic pain limit your ability to perform the following activities?

Physical Activities Lower Body				
Walking	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Climbing Stairs	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Kneeling/Bending	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Physical Activities Upper Body				
Carrying Groceries/Packages	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Reaching up for something on shelf	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Turning your head	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Personal/Household Care				
Bathing/Dressing yourself	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Getting in or out of bed/chair	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Performing housework	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Work				
Concentrating on your job	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Working with your hands	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Performing tasks at work	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Social Activities				
Visiting with family/friends	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Getting out of the house	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing
Pursuing hobbies/recreational activities	☐Able to do	☐Somewhat	☐A Lot	☐Keeps me from doing

On a typical night, does pain affect your ability to sleep: ☐Yes ☐NO Because of my pain, I get (chose from the following ☐**A**. 25% less sleep than usual ☐ **B**. 50% less sleep than usual ☐ **C**. 75% less sleep than usual ☐ **D**. No sleep at **all**

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