

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**REVISED OUTCOME ASSESSMENT QUESTIONNAIRE**

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

**SECTION 1 – Symptom Intensity**

- A My symptoms come and go and are very mild.
- B My symptoms are mild and do not vary much.
- C My symptoms come and go and are moderate.
- D My symptoms are moderate and do not vary much.
- E My symptoms come and go and are severe.
- F My symptoms are severe and do not vary much.

**SECTION 6 – Standing**

- A I can stand as long as I want without symptoms.
- B I have some symptoms while standing, but it does not increase with time.
- C I cannot stand for longer than one hour without increasing my symptoms.
- D I cannot stand for longer than ½ hour without increasing my symptoms.
- E I cannot stand for longer than ten minutes without increasing my symptoms.
- F I avoid standing, because it increases my symptoms straight away.

**SECTION 2 - Personal Care**

- A I do not have to change my way of washing or dressing in order to avoid my symptoms.
- B I do not normally change my way of washing or dressing even though it causes some increase in my symptoms.
- C Washing and dressing increases my symptoms, but I manage not to change my way of doing it.
- D Washing and dressing increases my symptoms and I find it necessary to change my way of doing it.
- E Because of my symptoms, I am unable to do some washing and dressing without help.
- F Because of my symptoms, I am unable to do any washing or dressing without help.

**SECTION 7 – Sleeping**

- A I get no symptoms in bed.
- B I get symptoms in bed, but it does not prevent me from sleeping.
- C Because of my symptoms, my normal night's sleep is reduced by less than one quarter.
- D Because of my symptoms, my normal night's sleep is reduced by less than one-half.
- E Because of my symptoms, my normal night's sleep is reduced by less than three-quarters.
- F My symptoms prevent me from sleeping at all.

**SECTION 3 – Lifting**

- A I can lift heavy weights without increasing my symptoms.
- B I can lift heavy weights, but it causes an increase in my symptoms.
- C My symptoms prevent me from lifting heavy weights off the floor.
- D My symptoms prevent me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.
- E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- F I can only lift very light weights, at the most.

**Section 8 – Social Life**

- A My social life is normal and gives me no symptoms.
- B My social life is normal, but increases my symptoms.
- C My symptoms have no significant effect on my social life apart from limiting my more energetic interests, dancing, golfing, running, biking, etc.
- D My symptoms have restricted my social life and I do not go out very often.
- E My symptoms have restricted my social life to my home.
- F I have hardly any social life because of my symptoms.

**SECTION 4 – Walking**

- A My symptoms do not prevent me from walking any distance.
- B My symptoms prevent me from walking more than one mile.
- C My symptoms prevent me from walking more than ½ mile.
- D My symptoms prevent me from walking more than ¼ mile.
- E I can only walk while using a cane or on crutches.
- F I am in bed most of the time and have to crawl to the toilet.

**Section 9 – Traveling**

- A I get no symptoms while traveling.
- B I get some symptoms while traveling, but none of my usual forms of travel make it any worse.
- C I get extra symptoms while traveling, but it does not compel me to seek alternative forms of travel.
- D I get extra symptoms while traveling which compels me to seek alternative forms of travel.
- E My symptoms restrict all forms of travel.
- F My symptoms prevent all forms of travel

**Section 5 – Sitting**

- A I can sit in any chair as long as I like without symptoms.
- B I can only sit in my favorite chair as long as I like.
- C My symptoms prevent me from sitting more than one hour.
- D My symptoms prevent me from sitting more than 1/2 hour.
- E My symptoms prevent me from sitting more than ten minutes.
- F My symptoms prevent me from sitting at all.

**SECTION 10 – Changing Degree of Pain**

- A My symptoms are rapidly getting better
- B My symptoms fluctuate, but overall are definitely getting better.
- C My symptoms seem to be getting better, but improvement is slow at present.
- D My symptoms are neither getting better nor worse.
- E My symptoms are gradually worsening.
- F My symptoms are rapidly worsening.