OUTCOME ASSESMENT FORM

Name_____ primary complaint _____

1. Please indicate your usual level of pain during the past week:
   No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst possible pain

2. Does pain, numbness, tingling or weakness extend into your leg (from the low back) and/or arm (from the neck)?
   None of the time 0 1 2 3 4 5 6 7 8 9 10 All of the time

3. How would you rate your general health?
   Poor 0 1 2 3 4 5 6 7 8 9 10 Excellent

4. If you had to spend the rest of your life with your condition as it is right now, how would you feel about it?
   Delighted 0 1 2 3 4 5 6 7 8 9 10 Terrible

5. How anxious (eg. tense, uptight, irritable, fearful, difficulty in concentrating / relaxing) have your been feeling during the past week:
   Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely Anxious

6. How much have you been able to control (i.e., reduce / help) your pain on your own during the past week?
   I can reduce it 0 1 2 3 4 5 6 7 8 9 10 I can't reduce it at all

7. Please indicate how depressed (eg. sad, downhearted, in low spirits, pessimistic, feelings of hopelessness) you have been during the past week:
   Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely Depressed

8. On a scale of 0 to 10, how certain are you that you will be doing normal activities or working in six months?
   Very certain 0 1 2 3 4 5 6 7 8 9 10 Not certain at all

9. I can do light work for an hour.
   Completely agree 0 1 2 3 4 5 6 7 8 9 10 Completely disagree

10. I can sleep at night.
    Completely agree 0 1 2 3 4 5 6 7 8 9 10 Completely disagree

11. An increase in pain is an indication that I should stop what I am doing until the pain decreases.
    Completely agree 0 1 2 3 4 5 6 7 8 9 10 Completely disagree

12. Physical activity makes my pain worse.
    Completely agree 0 1 2 3 4 5 6 7 8 9 10 Completely disagree

13. I should not do my normal activities including work with my present pain.
    Completely agree 0 1 2 3 4 5 6 7 8 9 10 Completely disagree

14. Have you experienced any unintentional weight loss in the past six months?
    yes no

Signature_____ Date_____

(2/09)