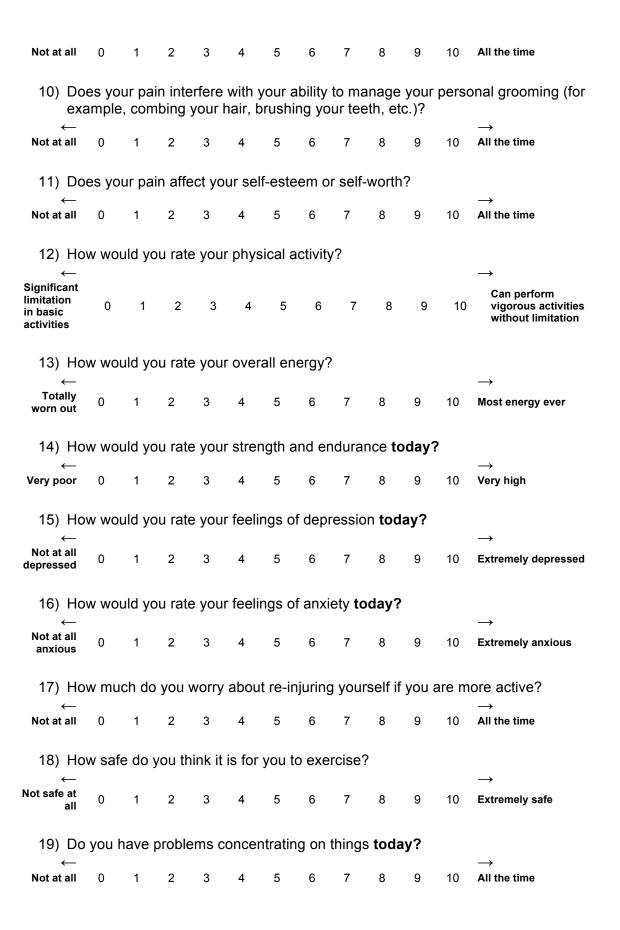
PAIN OUTCOMES QUESTIONNAIRE (Short form)

Michael E. Clark, Ph.D. and Ronald J. Gironda, Ph.D.

James A. Haley Veterans Affairs Hospital, Tampa, Florida.

We ask that all patients regardless of condition complete the remainder of the questionnaire.

	Please circle the number that best describes the question being asked.												
Choose only 1 number per question.													
1)	Enter	today'	s dat	e:	/	/			(dd/m	ım/yy	уу)		
2)		scale o										g the worst possible pain	
No Pa		1	2	3	4	5	6	7	8	9	10	→ Worst Possible Pain	
3) Does your pain interfere with your ability to walk?													
Not at a	all 0	1	2	3	4	5	6	7	8	9	10	→ All the time	
	Does your pain interfere with your ability to carry/handle everyday objects such as a bag of groceries or books?												
Not at a	all 0	1	2	3	4	5	6	7	8	9	10	→ All the time	
5)) Does your pain interfere with your ability to climb stairs?												
Not at a	all ()	1	2	3	4	5	6	7	8	9	10	All the time	
6)	6) Does your pain require you to use a cane, walker, wheelchair, or other devices?												
Not at a	all 0	1	2	3	4	5	6	7	8	9	10	All the time	
7) ←	Does y –	our pa	in inte	erfere	with	your a	ability	to ba	the yo	ourse	lf?	\rightarrow	
Not at a	all O	1	2	3	4	5	6	7	8	9	10	All the time	
8) ←	8) Does your pain interfere with your ability to dress yourself? ← →												
Not at a	all O	1	2	3	4	5	6	7	8	9	10	All the time	
9)	Does y	our pa	in inte	erfere	with	your a	ability	to us	e the	bathr	oom?		



20) How often do you feel tense?

Not at all 0 1 2 3 4 5 6 7 8 9 10 All the time