

**Richard M. Siebold, M.D., Inc.**  
 Activities of Daily Living/ADL Questionnaire

**Table 18-4** Ratings Determining Impairment Associated With Pain

Name : \_\_\_\_\_ Date : \_\_\_\_\_

**I. Pain (Self-report of Severity)**

A. Rate how severe your pain is **right now, at this moment**

(circle a number):

0 1 2 3 4 5 6 7 8 9 10

No pain Most severe pain can imagine

B. Rate how severe your pain is **at its worst** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

None Excruciating

C. Rate how severe your pain is **on the average**

(circle a number):

0 1 2 3 4 5 6 7 8 9 10

None Excruciating

D. Rate how much your pain is **aggravated by activity**

(circle a number):

0 1 2 3 4 5 6 7 8 9 10

Activity does not Excruciating following  
 aggravate pain any activity

Sum score of Section I: A—D = Total pain severity/4 = \_\_\_\_\_

E. Rate how **frequently** you experience pain (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Rarely All of the time

Add total pain severity score

(items A—D/4) to score for item E = \_\_\_\_\_

Total pain severity score (range from 0 to 20) = \_\_\_\_\_

**II. Activity Limitation or Interference**

A. How much does your pain interfere with your ability to **walk 1 block?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not restrict Pain makes it impossible  
 ability to walk for me to walk

B. How much does your pain prevent you from **lifting 10 pounds** (a bag of groceries)? (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not prevent from Impossible to lift  
 lifting 10 pounds 10 pounds

C. How much does your pain interfere with your ability to **sit for 1/2 hour?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not restrict ability Impossible to sit  
 to sit for 1/2 hour for 1/2 hour

D. How much does your pain interfere with your ability to **stand for 1/2 hour?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Pain does not interfere Unable to  
 with ability to stand at all stand at all

E. How much does your pain interfere with your ability to **get enough sleep?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not prevent me Impossible  
 from sleeping to sleep

F. How much does your pain interfere with your ability to **participate in social activities?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes  
 with social activities with social activities

G. How much does your pain interfere with your ability to **travel up to 1 hour by car?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not interfere with ability Completely unable to  
 to travel 1 hour by car travel 1 hour by car

H. In general, how much does your pain interfere with your **daily activities?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes  
 with my daily activities with my daily activities

I. How much do you **limit your activities to prevent your pain from getting worse?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not limit Completely limits  
 activities activities

J. How much does your pain interfere with your **relationship with your family/partner/significant others?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes  
 with relationships with relationships

K. How much does your pain interfere with your ability to do **jobs around your home?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely unable to  
 do any job around home

L. How much does your pain interfere with your ability to **shower or bathe without help from someone else?** (circle a number):

0 1 2 3 4 5 6 7 8 9 10

Does not interfere My pain makes it impossible to  
 at all shower or bathe without help

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**Table 18-4** Ratings Determining Impairment Associated With Pain

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p>M. How much does your pain interfere with your ability to <b>write or type?</b> (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Does not interfere _____ My pain makes it _____ at all _____ impossible to write or type _____</p> <p>N. How much does your pain interfere with your ability to <b>dress yourself?</b> (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Does not interfere _____ My pain makes it _____ at all _____ impossible to dress myself _____</p> <p>O. How much does your pain interfere with your ability to <b>engage in sexual activities?</b> (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Does not interfere _____ My pain makes it almost _____ at all _____ impossible to engage in _____ any sexual activity _____</p> <p>P. How much does your pain interfere with your ability to <b>concentrate?</b> (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Never _____ All the time _____</p> <p>Sum score of Section II: A-P = Total score for activity limitation/16 = _____ Mean activity limitation = _____</p>	<p><b>III. Individual's Report of Effect of Pain on Mood</b></p> <p>A. Rate your <b>overall mood</b> during the past week. (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Extremely high/good _____ Extremely low/bad _____</p> <p>B. During the past week, how <b>anxious or worried</b> have you been because of your pain? (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Not at all anxious/worried _____ Extremely anxious/worried _____</p> <p>C. During the past week, how <b>depressed</b> have you been because of your pain? (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Not at all depressed _____ Extremely depressed _____ at all _____</p> <p>D. During the past week, how <b>irritable</b> have you been because of your pain? (circle a number): 0 1 2 3 4 5 6 7 8 9 10 Not at all irritable _____ Extremely irritable _____</p> <p>E. In general, how anxious/worried are you about performing activities because they <b>might make your pain/symptoms worse?</b> 0 1 2 3 4 5 6 7 8 9 10 Not at all anxious/worried _____ Extremely anxious/worried _____</p> <p>Sum score of Section III: A-E = Total pain impairment attributed to mood state/5 = _____ Mean score = _____</p>
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Interpreter: \_\_\_\_\_ Lic#: \_\_\_\_\_