

Health, Pain and Activity Inventory

Name: _____

Date: _____

1. Date of injury: _____ or date of onset of symptoms
2. New injury: YES or NO, if no how many times have you had this injury or problem _____
3. Please rate your general health:
 - Excellent Good Fair Poor

4. When answering these questions, think only of the pain you are experiencing in relation to the problem for which you are having treatment. Circle 1 number for each of the 4 questions.

On the average, in the **past 2 days**, how bad has your pain been?:

0=no pain 10=worst pain possible

In the morning	0	1	2	3	4	5	6	7	8	9	10
In the afternoon	0	1	2	3	4	5	6	7	8	9	10
In the evening	0	1	2	3	4	5	6	7	8	9	10
With activity	0	1	2	3	4	5	6	7	8	9	10

5. Please choose the best word or words that describe your pain.
 - Sharp Dull Ache Burning Tingling Numbness

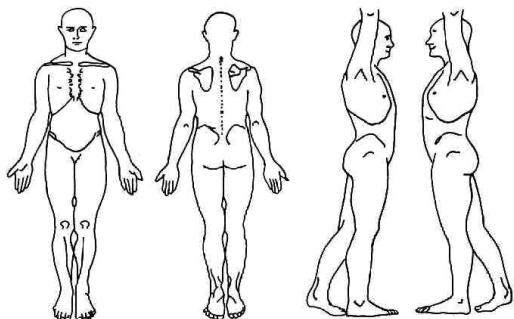
6. In the last week, how many days did you have pain?

0	1	2	3	4	5	6	7
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7. In the last two days, how many hours have you had pain?

Less than 1	1-3	4-6	7-10	11-14	15-19	20-24
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8. Please mark location of your pain with a "x" .



9. Please rate your ability to use your injured area on a 0 to 100% scale with 0% being unable to use the injured area and 100% being normal use of injured area in your daily activity: _____ and if you exercise or have a sport activity or a job that requires special demands please rate your activity on the 0 to 100% scale _____.

10. Please **list 3** important activities that you are unable to do or that you are having difficulty doing as a result of your problem with 0 being unable to perform activity and 10 being able to perform activity at pre-injury level.

Activities: 0=unable to perform 10=normal function

1.	0	1	2	3	4	5	6	7	8	9	10
2.	0	1	2	3	4	5	6	7	8	9	10
3.	0	1	2	3	4	5	6	7	8	9	10

Please complete this section if you are a returning patient who has received treatment for this problem in the last 4 weeks.

11. Compared to your previous visit, choose the term that best describes the change in your condition:

- Better Same Worse

12. Please circle the best terms that describe this change:

- tiny bit almost the same somewhat moderately
 quite a bit a great deal a very great deal