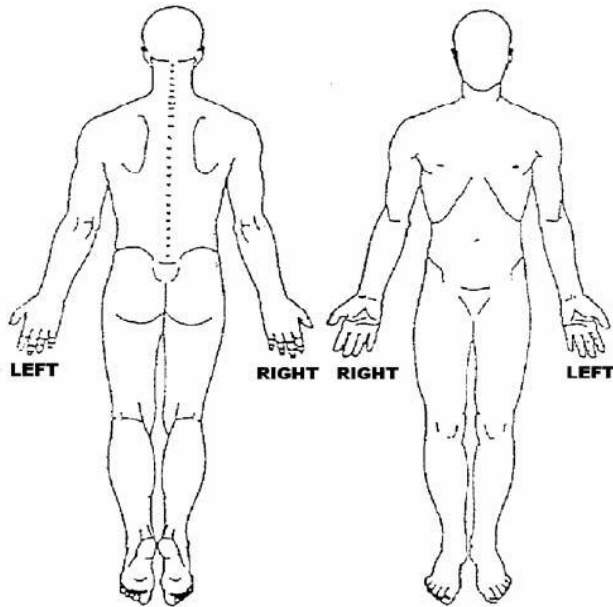








PAIN & DIFFICULTY ASSESSMENT


Please mark the appropriate region using the scale to the right.

No pain	0	
Mild, annoying pain	2	
Nagging, uncomfortable, troublesome pain	4	
Distressing, miserable pain	6	
Intense, dreadful, horrible pain	8	
Worst possible, unbearable, excruciating pain	10	

ACTIVITY	AMOUNT				MODIFICATION ASSISTANCE
	NONE	MUCH	SOME	N/A	
Dressing					
Grooming					
Brushing Teeth					
Combing Hair					
Shaving					
Toileting after Care Wiping					
Bathing					
Hand Function					
Holding Objects					
Carrying Objects					
Lifting Objects from Floor					
Lifting Objects Overhead					
Difficulty Transferring					
Getting on/off the Toilet					
Getting into/out of the following:					
<i>Bed, Chair, Bathtub, Shower, Car</i>					
Walking (ambulation)					
Other Activities					
Shopping, Cooking, Driving, Laundry, Gardening & Sleeping					