PATIENT NAME:			ID#:			DATE:												
		rvey is meant to help us bility. Please circle the					ts regard	ding 1	the	ir cu	ırren	t le	evel	s o	f			
1. F	Please rate yo	ur pain level with a	ctivity: NO PAIN =	0 1	2	3	4 5	6	7	8	9		10 =	= VE	∃RY	SEV	'ERE	PAIN
<u>M(</u>	DDIFIED OS	WESTRY DISABI	LITY SCALE –	INIT	'IA	L V	<u>ISIT</u>											
	Pain Intensity					6.	Standir	ıg										
		ain I have without having at I can manage without h				(1)	I can sta I can sta Pain pre	and as	s lo	ng as	s I wa	ant	but,	it i	ncre	eases	s my	pain.
3)	Pain medication p Pain medication pr	rovides me with complete ovides me with moderate	relief from pain.				Pain pro	events	s m	e fro	m sta	andi	ing 1	moı	re th	nan 1	/2 h	our.
		rovides me with little relie as no effect on my pain.	f from pain.			(5)	Pain pre		s m	e fro	m sta	ındi	ing a	at a	11.			
2.	Personal Care (w	ashing, dressing, etc.)				<b>7.</b> (0)	Sleepin Pain do		t pr	even	t me	fro	m s	leer	oing	wel	l.	
(0)	I can take care of	myself normally without o					I can sle	eep w	ell	only	by u	sing	g pa	in r	med	icati	on.	
		myself normally, but it inc e care of myself, and I am				(2)	Even w											
		am able to manage most of					Even w											
4)	I need help every	day in most aspects of my d, wash with difficulty, ar	care.			(5)	Pain pre									1		
- /	8	-,, ,				8.	Social I	Life										
	Lifting					(0)	My soci											
		eights without increased parights, but it causes increase					My soci Pain pre											
		from lifting heavy weights				(2)	activitie							5		111010	CIIC	igetie
		f the weights are convenie	ently positioned				Pain pre	events	s m	e fro	m go	ing	gout					
2)	(eg, on a table).	From lifting books waights	hut I can managa				Pain has											
	light to medium w	from lifting heavy weights eights if they are convenie					I have h	-	an	y soc	iai ii	ie t	beca	iuse	; 01	шу Į	oann.	
	I can lift only very I cannot lift or car					<b>9.</b> (0)	Traveli I can tra	_	nvv	whore	a witl	hou	ıt in	cres	seec'	l nair	1	
,5)	realmot int or ear	ry anything at an.					I can tra											
	Walking					(2)	My pair	ı restr	rict	s my	trave	el o	ver	2 h	ours	s.		
		ent me from walking any					My pair											
		from walking more than 1 from walking more than ½				(4)	My pair journey											urneys
		from walking more than 1/2				(5)	My pair											ie
4)	I can only walk wi	th crutches or a cane.  of the time and have to cra				` '	physicia											
/	In ood most c	and and have to cla	to the tonet.			10.	Employ	men	t / 1	Hom	emal	kin	ıg					
5.	Sitting						My nor											
		nir as long as I like.	I lile			(1)	My nor											
	I can only sit in my favorite chair as long as I like. Pain prevents me from sitting more than 1 hour.					(2)	I can pe											
		from sitting more than ½ l				` '	pain pre											
		from sitting more than 10	minutes.				stressfu										_	
(5)	Pain prevents me	from sitting at all.					Pain pre											duties.
							Pain pro											mema
						cho					p -			-6	,	,		
		bank 1980, All rights re tact@mapi-trust.org -					and peri	nissi	on	to u	se: I	ИA	PI.	Res	sea	rch	Trus	st, Ly
	Therapist Use Only				-	, .	1 32	1 -			**							, -
		□Cancer □Diabetes	□ Neurological Disor □ Obesity		g., Pa	rkınso	on's, Musc	ular D	Jyst	rophy	y, Hui	ıtınş	gton					
		☐ Heart Condition ☐ High Blood Pressure	☐ Surgery for this Pro			Dha	4 - : - 1 A		. E	:haon	avol~	;a)		10	J	9 C	ode	e:

 $\square Multiple \ Treatment \ Areas$