

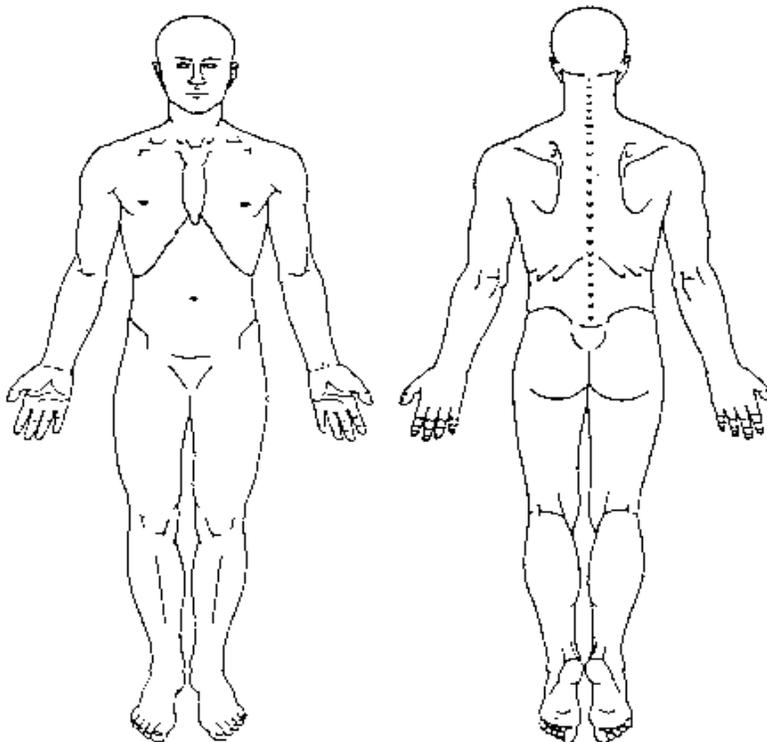
Duffy-Rath Questionnaire[®]

Name: _____ Date: _____ Visit #: _____

The following information lets us know how you are doing **TODAY!** Please complete this questionnaire at each visit. We understand that by limiting your responses to how you are today, we may be catching you on a particularly good or bad day (**PLEASE COMPLETE BOTH SIDES OF QUESTIONNAIRE**).

Draw on the figure below where you feel pain TODAY.

Use 'X' marks to show where you feel **numbness, tingling or pins and needles TODAY**.



Circle the number that

NECK/ARM

1. How bad is your **neck / upper back** pain?
0---1---2---3---4---5---6---7---8---9---10
No Pain Worst Possible
2. How **frequent** is your **neck / upper back** pain?
0---1---2---3---4---5---6---7---8---9---10
Never There Half the Time Always There
3. How bad is your **arm** pain?
0---1---2---3---4---5---6---7---8---9---10
No Pain Worst Possible
4. How **frequent** is your **arm** pain?
0---1---2---3---4---5---6---7---8---9---10
Never There Half the Time Always There
5. How bad is your **numbness/tingling**?
0---1---2---3---4---5---6---7---8---9---10
No Pain Worst Possible
6. How **frequent** is your **numbness/tingling**?
0---1---2---3---4---5---6---7---8---9---10
Never There Half the Time Always There

describes your symptoms TODAY.

LOWER BACK/LEG

1. How bad is your **back** pain?
0---1---2---3---4---5---6---7---8---9---10
No Pain Worst Possible
2. How **frequent** is your **back** pain?
0---1---2---3---4---5---6---7---8---9---10
Never There Half the Time Always There
3. How bad is your **leg** pain?
0---1---2---3---4---5---6---7---8---9---10
No Pain Worst Possible
4. How **frequent** is your **leg** pain?
0---1---2---3---4---5---6---7---8---9---10
Never There Half the Time Always There
5. How bad is your **numbness/tingling**?
0---1---2---3---4---5---6---7---8---9---10
No Pain Worst Possible
6. How **frequent** is your **numbness/tingling**?
0---1---2---3---4---5---6---7---8---9---10
Never There Half the Time Always There

Functional Status Questionnaire

Indicate how you are doing by **CIRCLING** the number that best describes your ability **TODAY**. Please complete this questionnaire at each visit. We understand that by limiting your responses to how you are doing today, we may be catching you on a particularly good or bad day.

1. Rate Your Ability to Sit:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

2. Rate Your Ability to Stand:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

3. Rate Your Ability to Walk:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

4. Rate Your Ability to Bend Forwards:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

5. Rate Your Ability to Lift and Carry:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

6. Rate Your Ability to Participate in Your Normal Sport or Recreational Activities :

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

7. Rate Your Ability to Work:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

8. Rate Your Ability to have Sexual Relations:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

9. Rate Your Ability to Sleep:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able

10. Rate Your Overall Ability to Perform Your Normal Daily Activities:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
Half able