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 describes your symptoms TODAY.

### NECK/ARM
1. How bad is your neck / upper back pain?
   - 0 -- No Pain
   - 1 -- Occasionally
   - 2 -- 2-3 times per week
   - 3 -- 4 times per week
   - 4 -- Daily
   - 5 -- Weekly
   - 6 -- Monthly
   - 7 -- Yearly
   - 8 -- Never
   - 9 -- Always
   - 10 -- Worst Possible

2. How frequent is your neck / upper back pain?
   - 0 -- Never
   - 1 -- Less than once per month
   - 2 -- Once per month
   - 3 -- 2-3 times per month
   - 4 -- Once per week
   - 5 -- 2-3 times per week
   - 6 -- Daily
   - 7 -- Weekly
   - 8 -- Yearly
   - 9 -- Monthly
   - 10 -- Never

3. How bad is your arm pain?
   - 0 -- No Pain
   - 1 -- Occasionally
   - 2 -- 2-3 times per week
   - 3 -- 4 times per week
   - 4 -- Daily
   - 5 -- Weekly
   - 6 -- Monthly
   - 7 -- Yearly
   - 8 -- Never
   - 9 -- Always
   - 10 -- Worst Possible

4. How frequent is your arm pain?
   - 0 -- Never
   - 1 -- Less than once per month
   - 2 -- Once per month
   - 3 -- 2-3 times per month
   - 4 -- Once per week
   - 5 -- 2-3 times per week
   - 6 -- Daily
   - 7 -- Weekly
   - 8 -- Yearly
   - 9 -- Monthly
   - 10 -- Never

5. How bad is your numbness/tingling?
   - 0 -- No Pain
   - 1 -- Occasionally
   - 2 -- 2-3 times per week
   - 3 -- 4 times per week
   - 4 -- Daily
   - 5 -- Weekly
   - 6 -- Monthly
   - 7 -- Yearly
   - 8 -- Never
   - 9 -- Always
   - 10 -- Worst Possible

6. How frequent is your numbness/tingling?
   - 0 -- Never
   - 1 -- Less than once per month
   - 2 -- Once per month
   - 3 -- 2-3 times per month
   - 4 -- Once per week
   - 5 -- 2-3 times per week
   - 6 -- Daily
   - 7 -- Weekly
   - 8 -- Yearly
   - 9 -- Monthly
   - 10 -- Never

### LOWER BACK/LEG
1. How bad is your back pain?
   - 0 -- No Pain
   - 1 -- Occasionally
   - 2 -- 2-3 times per week
   - 3 -- 4 times per week
   - 4 -- Daily
   - 5 -- Weekly
   - 6 -- Monthly
   - 7 -- Yearly
   - 8 -- Never
   - 9 -- Always
   - 10 -- Worst Possible

2. How frequent is your back pain?
   - 0 -- Never
   - 1 -- Less than once per month
   - 2 -- Once per month
   - 3 -- 2-3 times per month
   - 4 -- Once per week
   - 5 -- 2-3 times per week
   - 6 -- Daily
   - 7 -- Weekly
   - 8 -- Yearly
   - 9 -- Monthly
   - 10 -- Never

3. How bad is your leg pain?
   - 0 -- No Pain
   - 1 -- Occasionally
   - 2 -- 2-3 times per week
   - 3 -- 4 times per week
   - 4 -- Daily
   - 5 -- Weekly
   - 6 -- Monthly
   - 7 -- Yearly
   - 8 -- Never
   - 9 -- Always
   - 10 -- Worst Possible

4. How frequent is your leg pain?
   - 0 -- Never
   - 1 -- Less than once per month
   - 2 -- Once per month
   - 3 -- 2-3 times per month
   - 4 -- Once per week
   - 5 -- 2-3 times per week
   - 6 -- Daily
   - 7 -- Weekly
   - 8 -- Yearly
   - 9 -- Monthly
   - 10 -- Never

5. How bad is your numbness/tingling?
   - 0 -- No Pain
   - 1 -- Occasionally
   - 2 -- 2-3 times per week
   - 3 -- 4 times per week
   - 4 -- Daily
   - 5 -- Weekly
   - 6 -- Monthly
   - 7 -- Yearly
   - 8 -- Never
   - 9 -- Always
   - 10 -- Worst Possible

6. How frequent is your numbness/tingling?
   - 0 -- Never
   - 1 -- Less than once per month
   - 2 -- Once per month
   - 3 -- 2-3 times per month
   - 4 -- Once per week
   - 5 -- 2-3 times per week
   - 6 -- Daily
   - 7 -- Weekly
   - 8 -- Yearly
   - 9 -- Monthly
   - 10 -- Never

www.duffyrath.com
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 able to do
   Half able unable to do

2. Rate Your Ability to Stand:
   completely able to do 0--------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 completely able to do
   Half able unable to do

3. Rate Your Ability to Walk:
   completely able to do 0--------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 completely able to do
   Half able unable to do

4. Rate Your Ability to Bend Forwards:
   completely able to do 0--------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 completely able to do
   Half able unable to do

5. Rate Your Ability to Lift and Carry:
   completely able to do 0--------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 completely able to do
   Half able unable to do

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 able to do
   Half able unable to do

7. Rate Your Ability to Work:
   completely able to do 0--------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 completely able to do
   Half able unable to do

8. Rate Your Ability to have Sexual Relations:
   completely able to do 0--------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 completely able to do
   Half able unable to do

9. Rate Your Ability to Sleep:
   completely able to do 0--------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 completely able to do
   Half able unable to do

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 able to do
   Half able unable to do