

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### ACTIVITIES DISCOMFORT SCALE

In the boxes below, mark the appropriate statements with an "X".

Activity	Doesn't Hurt At All	Hurts A Little	Hurts Very Much	Almost Unbearable	Unbearable Pain Prevents Activity
1. Walking					
2. Sitting					
3. Bending					
4. Standing					
5. Sleeping					
6. Lifting					
7. Running or Jogging					
8. Climbing stairs					
9. Carrying					
10. Pushing and pulling					
11. Driving					
12. Dressing					
13. Reading					
14. Watching TV					
15. Household chores					
16. Gardening					
17. Sports					
18. Employment					