

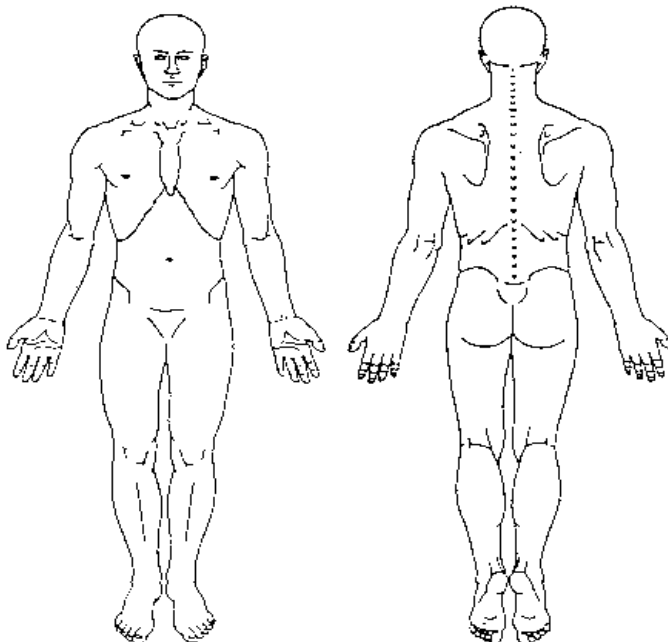


# Duffy-Rath Questionnaire ©

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

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

### LOWER BACK/LEG

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