

**A.M.A. Guides to the Evaluation of Permanent Impairment, 5<sup>th</sup> Edition**  
**Chapter 18**  
**Table 18-4, page 576**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Pain (Self-Report of Severity)**

A. Rate how severe your pain is **right now, at this moment**

0 1 2 3 4 5 6 7 8 9 10  
No Most severe pain can imagine  
Pain

B. Rate how severe your pain is **at its worst**

0 1 2 3 4 5 6 7 8 9 10  
None Excruciating

C. Rate how severe your pain is **on the average**

0 1 2 3 4 5 6 7 8 9 10  
None Excruciating

D. Rate how much your pain is **aggravated by activity**

0 1 2 3 4 5 6 7 8 9 10  
Activity does not Excruciating following  
Aggravate pain any activity

E. Rate how **frequently** experience pain

0 1 2 3 4 5 6 7 8 9 10  
Rarely All of the time

**II. Activity Limitation of Interference**

A. How much does your pain interfere with your ability to **walk 1 block?**

0 1 2 3 4 5 6 7 8 9 10  
Does not restrict Pain makes it impossible  
ability to walk for me to walk

B. How much does your pain prevent you from **lifting 10 pounds**  
(a bag of groceries)?

0 1 2 3 4 5 6 7 8 9 10  
Does not prevent from Impossible to lift  
lifting 10 pounds 10 pounds

C. How much does your pain interfere with your ability to **sit for ½ hour?**

0 1 2 3 4 5 6 7 8 9 10  
Does not restrict ability Impossible to sit  
to sit for ½ hour for ½ hour

D. How much does your pain interfere with your ability to **stand for ½ hour?**

0 1 2 3 4 5 6 7 8 9 10  
Pain does not interfere Unable to stand  
with ability to stand at all at all

E. How much does your pain interfere with your ability to **get enough sleep?**

0 1 2 3 4 5 6 7 8 9 10  
Does not prevent Impossible  
me from sleeping to sleep

F. How much does your pain interfere with your ability to **participate in social activities?**

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes  
with social activities with social activities

G. How much does your pain interfere with your ability to **travel up to 1 hour by car?**

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere with ability Completely unable to  
To travel 1 hour by car travel 1 hour by car

H. In general, how much does your pain interfere with your **daily activities?**

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes  
With my daily activities with my daily activities

I. How much do you **limit your activities to prevent your pain from getting worse?**

0 1 2 3 4 5 6 7 8 9 10  
Does not limit Completely limits  
activities activities

J. How much does your pain interfere with your **relationship with your family/partner/significant others?**

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely interferes  
with relationships with relationships

K. How much does your pain interfere with your ability to do **jobs around your home?**

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere Completely unable to  
any jobs around home

L. How much does your pain interfere with your ability to **shower or bathe without help from someone else?**

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere My pain makes it impossible to  
at all shower or bathe without help

M. How much does your pain interfere with your ability to **write or type**?

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere My pain makes it  
at all impossible to write or type

N. How much does your pain interfere with your ability to **dress yourself**?

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere My pain makes it  
at all impossible to dress myself

O. How much does your pain interfere with your ability to **engage in sexual activities**?

0 1 2 3 4 5 6 7 8 9 10  
Does not interfere My pain makes it  
at all impossible to engage in

P. How much does your pain interfere with your ability to **concentrate**?

0 1 2 3 4 5 6 7 8 9 10  
Never All the time

### III. Individual's Report of Effect of Pain on Mood

A. Rate your **overall mood** during the past week

0 1 2 3 4 5 6 7 8 9 10  
Extremely high/good Extremely low/bad

B. During the past week, how **anxious or worried** have you been because of your pain?

0 1 2 3 4 5 6 7 8 9 10  
Not at all Extremely

C. During the past week, how **depressed** have you been because of your pain?

0 1 2 3 4 5 6 7 8 9 10  
Not at all Extremely

D. During the past week, how **irritable** have you been because of your pain?

0 1 2 3 4 5 6 7 8 9 10  
Not at all Extremely

F. In general, how anxious/worried are you about performing activities because they **might make your pain/symptoms worse**?

0 1 2 3 4 5 6 7 8 9 10  
Not at all Extremely

# SCORING THIS SHEET

## Section I:

A thru D = Total Pain Severity = \_\_\_\_\_

Divide by 4 = \_\_\_\_\_

For E : E score + (A-D/4) = \_\_\_\_\_

Total pain severity score (range 0 to 20) = \_\_\_\_\_

## Section II:

A thru P = Total Score for Activity Limitation = \_\_\_\_\_

Divide by 16 = Mean Activity Limitation = \_\_\_\_\_

## Section III:

A thru E = Total Pain Impairment Attributed to Mood = \_\_\_\_\_

Divide by 5 = Mean Impairment Attributed to Mood = \_\_\_\_\_