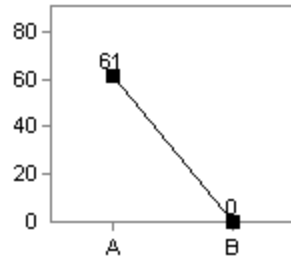


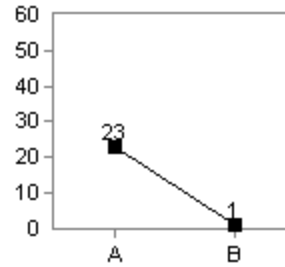
Pain Disability Questionnaire Report

Name: Jane Doe
ID Number: 11111111
Date Tested: 1/31/2007 7:13:03 PM

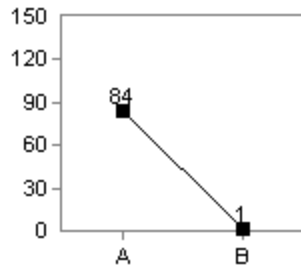
Visit: Follow-up
Age: 43
Gender: Female



Functional Status Component



Psychosocial Status Component



Total PDQ Score

Legend

A - 1/31/2007 5:33:29 PM
 B - 1/31/2007 7:13:03 PM

Pain Disability Questionnaire Responses:

- | | | |
|-----|---|---|
| 1. | Does your pain interfere with your normal work inside and outside the home? | 0 |
| 2. | Does your pain interfere with personal care (such as washing, dressing, etc.)? | 0 |
| 3. | Does your pain interfere with your traveling? | 0 |
| 4. | Does your pain affect your ability to sit or stand? | 0 |
| 5. | Does your pain affect your ability to lift overhead, grasp objects, or reach for things? | 0 |
| 6. | Does your pain affect your ability to lift objects off the floor, bend, stoop, or squat? | 0 |
| 7. | Does your pain affect your ability to walk or run? | 0 |
| 8. | Has your income declined since your pain began? | 0 |
| 9. | Do you have to take pain medication every day to control your pain? | 0 |
| 10. | Does your pain force you to see doctors much more often than before your pain began? | 1 |
| 11. | Does your pain interfere with your ability to see the people who are important to you as much as you would like? | 0 |
| 12. | Does your pain interfere with recreational activities and hobbies that are important to you? | 0 |
| 13. | Do you need the help of your family and friends to complete everyday tasks (including both work outside the home and housework) because of your pain? | 0 |
| 14. | Do you now feel more depressed, tense, or anxious than before your pain began? | 0 |
| 15. | Are there emotional problems caused by your pain that interfere with your family, social, or work activities? | 0 |