

---

*PAIN CATASTROPHIC SCALE*

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: M(\_\_\_\_) F(\_\_\_\_)

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pains such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you may have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

**0-** not at all   **1-** to a slight degree   **2-** to a moderate degree   **3-** to a great degree   **4-** all the time

---

- \_\_\_\_\_ I worry all the time about whether the pain will end.
  - \_\_\_\_\_ I feel that I can't go on.
  - \_\_\_\_\_ It's terrible and I think it's never going to get any better.
  - \_\_\_\_\_ It's awful and I feel that it overwhelms me.
  - \_\_\_\_\_ I feel that I can't stand it anymore.
  - \_\_\_\_\_ I become afraid that the pain will get worse.
  - \_\_\_\_\_ I keep thinking of other painful events.
  - \_\_\_\_\_ I anxiously want the pain to go away.
  - \_\_\_\_\_ I can't seem to keep it out of my mind.
  - \_\_\_\_\_ I keep thinking about how much it hurts.
  - \_\_\_\_\_ I keep thinking about how badly I want the pain to stop.
  - \_\_\_\_\_ There is nothing that I can do to reduce the intensity of the pain.
  - \_\_\_\_\_ I wonder whether something serious may happen.
- 

\_\_\_\_\_ = **TOTAL**

## THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb Problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

|    | Activities   | Extreme<br>Difficulty or<br>Unable to<br>Perform Activity | Quite a Bit<br>of Difficulty | Moderate<br>Difficulty | A Little Bit<br>of<br>Difficulty | No<br>Difficulty |
|----|--|---|------------------------------|------------------------|----------------------------------|------------------|
| 1  | Any of your usual work, housework, or school activities.   | 0   | 1                            | 2                      | 3                                | 4                |
| 2  | Your usual hobbies, re creational or sporting activities.  | 0   | 1                            | 2                      | 3                                | 4                |
| 3  | Getting into or out of the bath.                           | 0   | 1                            | 2                      | 3                                | 4                |
| 4  | Walking between rooms.                                     | 0   | 1                            | 2                      | 3                                | 4                |
| 5  | Putting on your shoes or socks.                            | 0   | 1                            | 2                      | 3                                | 4                |
| 6  | Squatting.   | 0   | 1                            | 2                      | 3                                | 4                |
| 7  | Lifting an object, like a bag of groceries from the floor. | 0   | 1                            | 2                      | 3                                | 4                |
| 8  | Performing light activities around your home.              | 0   | 1                            | 2                      | 3                                | 4                |
| 9  | Performing heavy activities around your home.              | 0   | 1                            | 2                      | 3                                | 4                |
| 10 | Getting into or out of a car.                              | 0   | 1                            | 2                      | 3                                | 4                |
| 11 | Walking 2 blocks.  | 0   | 1                            | 2                      | 3                                | 4                |
| 12 | Walking a mile.  | 0   | 1                            | 2                      | 3                                | 4                |
| 13 | Going up or down 10 stairs (about 1 flight of stairs).     | 0   | 1                            | 2                      | 3                                | 4                |
| 14 | Standing for 1 hour.                                       | 0   | 1                            | 2                      | 3                                | 4                |
| 15 | Sitting for 1 hour.  | 0   | 1                            | 2                      | 3                                | 4                |
| 16 | Running on even ground.                                    | 0   | 1                            | 2                      | 3                                | 4                |
| 17 | Running on uneven ground.                                  | 0   | 1                            | 2                      | 3                                | 4                |
| 18 | Making sharp turns while running fast.                     | 0   | 1                            | 2                      | 3                                | 4                |
| 19 | Hopping.   | 0   | 1                            | 2                      | 3                                | 4                |
| 20 | Rolling over in bed.                                       | 0   | 1                            | 2                      | 3                                | 4                |
|    | <b>Column Totals:</b>                                      |   |                              |                        |                                  |                  |

**Minimum Level of Detectable Change (90% Confidence): 9 points**

**SCORE: \_\_\_\_ / 80**

**Please submit the sum of responses to ACN.**

*Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, Physical Therapy, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.*