

Patient name \_\_\_\_\_ Date \_\_\_\_\_

### ACKERMAN FUNCTIONAL PAIN ASSESSMENT SCALE

Activities of daily living include; bathing, grooming, dressing, eating, eliminating, self care, personal hygiene, hearing, speaking, reading, writing, using a keyboard, physical activities, such as standing, sitting, reclining, walking, stooping, squatting, kneeling, reaching, bending, twisting, leaning, carrying, lifting, pushing, pulling, climbing, exercising, seeing, tasting, smelling, touching grasping, holding, pinching, percussive movements, sensory discrimination, riding, driving, traveling by airplane, train or car, participating in desired sexual activity, having a restful sleep pattern, participating in individual or group activities, sports or hobbies.

- 0 = No pain
- 1-2 = Annoying pain, forgotten during activities of daily living
- 3-4 = Pain that interferes with some activities of daily living
- 5-6 = Pain that prevents some activities of daily living
- 7-8 = Pain that prevent most activities of daily living
- 9 = The most severe pain you can withstand, but you know or believe it is only temporary
- 10 = Also the most severe pain that you can withstand, however you don't know or believe it will go away

#### How often are you aware of your pain

- Constant = 76 – 100% of the time you are awake?
- Frequent = 51 – 75% of the time you are awake?
- Intermittent = 26 – 50% of the time you are awake?
- Occasional = 1 – 25% of the time you are awake?

Please mark area(s) of injury or discomfort as shown below in the example. Indicate the degree of pain using scale of 1(discomfort) to 10 (extreme pain)

Numbness ----- Pins & Needles ○○○○○○ Burning AAAAAA Aching XXXXX Stabbing ●●●●

