Please check ONE choice from each section that most closely describes the issues you are experiencing right now.

SECTION 1-PAIN INTENSITY

- ☐ The pain comes and goes, and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes, and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes, and is severe.
- ☐ The pain in severe, and does not vary much.

SECTION 2-PERSONAL CARE

- ☐ I would not have to change my way of washing or dressing in order to avoid pain.
- ☐ I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ Washing and dressing increase the pain, but I manage not to change my way of doing it.
- ☐ Washing and dressing increase the pain, and I find it necessary to change my way of doing it.
- ☐ Because of the pain, I am unable to do some washing and dressing without help.
- ☐ Because of the pain, I am unable to do any washing or dressing without help.

SECTION 3-LIFTING

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights, but it causes extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights of they are conveniently positioned.
- ☐ I can only lift very light weights at the most.

SECTION 4-WALKING

- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than one mile.
- ☐ Pain prevents me from walking more than ½ mile.
- ☐ Pain prevents me from walking more than ¼ mile.
- ☐ I can only walk while using a cane or crutches.
- ☐ I am in bed more the time, and have to crawl to the toilet.

SECTION 5-SITTING

- ☐ I can sit in any chair as long as I like without pain.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than one hour.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

SECTION 6-STANDING

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain while standing, but it does not increase with time.
- ☐ I cannot stand for longer than one hour without increasing pain.
- ☐ I cannot stand for longer than 30 minutes without increasing pain.
- ☐ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing, because it increases pain immediately.

SECTION 7-SLEEPING

- ☐ I get no pain in bed.
- ☐ I get pain in bed, but it does not prevent me from sleeping well.
- ☐ Because of pain, my normal night's sleep is reduced by less than 25%
- ☐ Because of pain, my normal night's sleep is reduced by less than 50%
- ☐ Because of pain, my normal night's sleep is reduced by less than 75%
- ☐ Pain prevents me from sleeping at all.

SECTION 8-SOCIAL LIFE

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal, but increases the degree of my pain.
- ☐ Pain has no significant effect on my social life, apart from limiting my more energetic interests,(list activities)_____
- ☐ Pain has restricted my social life, and I do not go out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of the pain.

SECTION 9-TRAVELING

- ☐ I get no pain while traveling.
- ☐ I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ☐ I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while traveling which compels me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

SECTION 10-CHANGING DEGREE OF PAIN

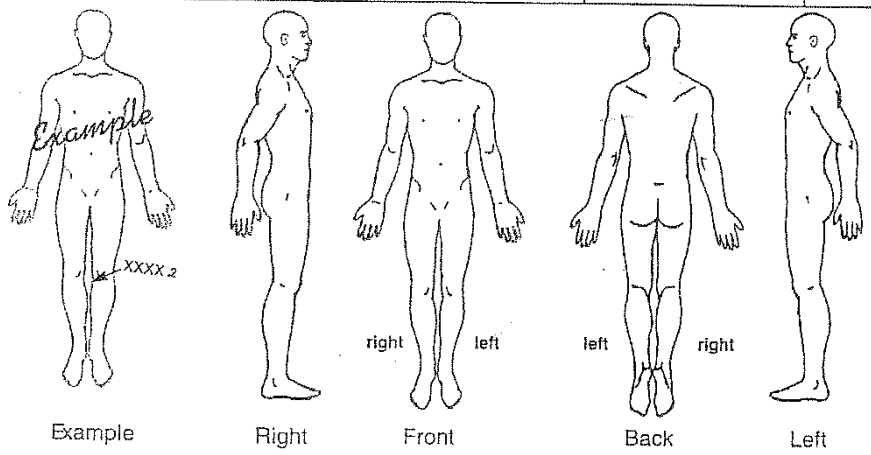
- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates, but overall is definitely getting better.
- ☐ My pain seems to be getting better, but improvement is slow.
- ☐ My pain is neither getting better or worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.

PATIENT SIGNATURE _____ **DATE** _____

NAME _____ DATE _____

*Mark the areas on your body where you feel the described sensation. Use the appropriate symbol. Include all affected areas. Indicate the classification of pain or sensory deficit using a scale of 1=no loss of sensation, no pain. 2=normal sensation except for pain, there is a decreased sensation all of which is forgotten during activity. 3=decreased sensation (either with or without pain) that interferes with your normal activity. 4=decreased sensation (either with or without pain, or a minor burning sensation) that may prevent activity. 5=Decreased sensation with severe pain or a major burning sensation that definitely prevents activity.

Numbness: = = =	Burning: XXX	Pins & Needles: 000	Stabbing: ///	Dull Ache: +++
Throbbing: ###	Shooting: ***	Cramping: ~ ~ ~	Gnawing: GGG	Heavy: HHH
Tender: TTT	Splitting: SSS	Tired/Exhausted: EEE	Other: ???	



George's Cerebrovascular Functional Test

Have you had any of the following symptoms for even a short or temporary duration within the last year?

	Yes	No
Blurred Vision?	☐	☐
Double Vision?	☐	☐
Diminished or partial loss of vision in one or both eyes?	☐	☐
Complete loss of vision in one or both eyes?	☐	☐
Ringing, buzzing, or any noise in the ear(s)?	☐	☐
Hearing loss in one or both ears?	☐	☐
Slurred speech or other speech problems?	☐	☐
Difficulty swallowing?	☐	☐
Dizziness?	☐	☐
Temporary lack of understanding?	☐	☐
Loss of consciousness, even momentary blackouts?	☐	☐
Numbness or loss of sensation in face, arms, hands, fingers, or legs?	☐	☐
Any other abnormal loss of sensation in any other part of the body?	☐	☐
Weakness, clumsiness, or strength loss in face, arms, hands, fingers, or legs?	☐	☐
Sudden collapse without loss of consciousness?	☐	☐

After reading and filing out the case history, your signature will verify that all information you have given us is accurate and that you have read the questions entirely.

SIGN YOUR NAME _____ DATE _____