

Table 2.

## ***Indiana Polyclinic Combined Function Scale***

*How is your overall daily function impacted by your pain?*

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|----|--|
| 0  | <b>No Interference with Activity (Completely Independent)</b> - Can complete daily activities; work/volunteer daily; active participant in family/social life; active on weekends, normal quality of life, complete household & yard work  |
| 1  | <b>Slightly Modified Activity</b> - Can take part in family and social life; can work/volunteer 8+hours daily; some weekend activity, complete household & yard work with increased fatigue but independent                                |
| 2  | <b>Minimal Limitations</b> - Can work/volunteer a few hours daily; active 5+ hours/day; can plan & keep 1-2 social events during evenings/weekends; can complete household/yard work with some strain, may need help w/ select activities  |
| 3  | <b>Mild Limitations</b> - Can work in or out of home for few hours a week; active for 3-5 hours daily; can complete ADL's and household chores with help needed 15-25% of the time   |
| 4  | <b>Mild to Moderate Limitations</b> - Can complete some more complex household tasks with help needed 30-45% of the time; Occasional missed work/volunteer; limited social activities  |
| 5  | <b>Moderate Limitations</b> - Can leave the house only 1-2 times a week (unrelated to work or important appointments); can complete daily hygiene; can complete some daily household tasks with help needed half (50%) of the time         |
| 6  | <b>Moderate to Severe Limitations</b> - Can complete only simple household tasks with help needed 60% of the time, unable to grocery shop; can talk to others on phone; can only leave house for important appointments/emergencies        |
| 7  | <b>Severe Limitations</b> - In bed half the day almost every day; can get dressed, shower, watch TV, make phone calls & do minimal household tasks (needs help 70% of the time); leaves home only for emergencies, usually with assistance |
| 8  | <b>Severe to Maximal Limitations</b> - In bed more than half the day every day, some contact with others in the home; limited self-care activity (needs help 80% of the time); leaves home only for emergencies and only with assistance   |
| 9  | <b>Maximal Limitations</b> - In bed most of the day every day; limited contact with others; minimal to no self-care activity (help needed 90% of the time), completely home bound  |
| 10 | <b>Totally Dependent</b> - Unable to get out of bed all day every day; no self-care; no function possible without assistance   |