

Please give your Driver's license and insurance card to the front desk so they can make a copy for your records.

Patient Name: Last _____ First _____ Date ____/____/____

CURRENT COMPLAINTS

Complaint 1 _____

How severe is the problem?
 Mild
 Mild to moderate
 Moderate
 Moderately severe
 Severe

How frequently does it occur?
 Constant
 Frequent
 Intermittent
 Occasional

When was the onset?
 A day ago
 Several days ago
 About a week ago
 Several weeks ago
 About a month ago
 Several months ago
 About a year ago
 several years ago

Movement:
 Cramps
 Spasm
 Stiffness
 Restricted movement
 Inflexibility

What makes it feel better? _____

What makes it feel worse? _____

If you are being re-evaluated, what percent improvement have you had?
 _____ %

Complaint 2 _____

How severe is the problem?
 Mild
 Mild to moderate
 Moderate
 Moderately severe
 Severe

How frequently does it occur?
 Constant
 Frequent
 Intermittent
 Occasional

When was the onset?
 A day ago
 Several days ago
 About a week ago
 Several weeks ago
 About a month ago
 Several months ago
 About a year ago
 several years ago

Movement:
 Cramps
 Spasm
 Stiffness
 Restricted movement
 Inflexibility

What makes it feel better? _____

What makes it feel worse? _____

If you are being re-evaluated, what percent improvement have you had?
 _____ %

Complaint 3 _____

How severe is the problem?
 Mild
 Mild to moderate
 Moderate
 Moderately severe
 Severe

How frequently does it occur?
 Constant
 Frequent
 Intermittent
 Occasional

When was the onset?
 A day ago
 Several days ago
 About a week ago
 Several weeks ago
 About a month ago
 Several months ago
 About a year ago
 several years ago

Movement:
 Cramps
 Spasm
 Stiffness
 Restricted movement
 Inflexibility

What makes it feel better? _____

What makes it feel worse? _____

If you are being re-evaluated, what percent improvement have you had?
 _____ %

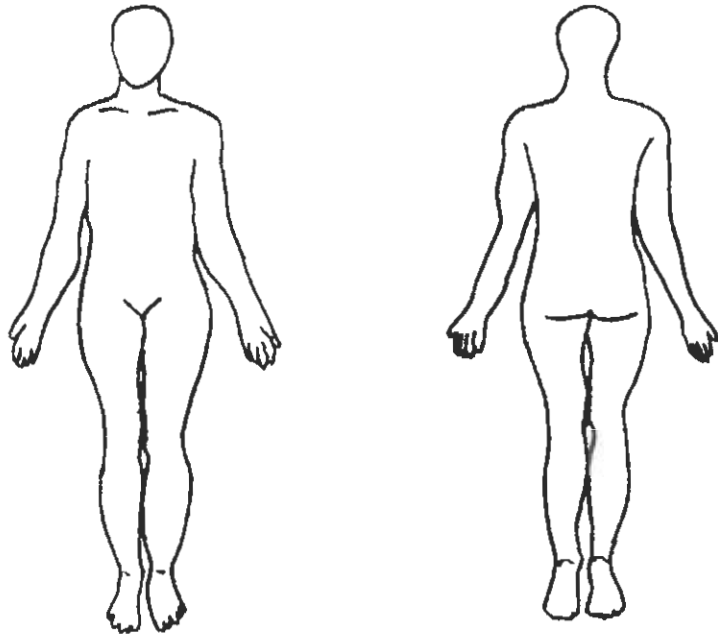
PATIENT PAIN PROFILE

PAIN DRAWING:

INSTRUCTIONS: Mark the area on your body where you feel the described sensations:

- Use the appropriate symbol
- Mark the areas of spread
- Include all affected areas

KEY:	
Numbness / Tingling	=====
Pins & Needles	oooooooo
Burning pain	xxxxxxxx
Dull / achy pain
Sharp / Stabbing pain	//////////



VISUAL PAIN SCALE

INSTRUCTIONS: Please circle the number that best describes the question being asked. If you have more than one complaint, please answer each question for each individual complaint and indicate a score for each complaint. Please indicate your pain level right now, and average pain.

Example:

<i>Headache</i>	<i>Neck</i>	<i>Low back</i>	
No Pain			Worst pain
0	1	2	3
4	5	6	7
8	9	10	

What is your pain **RIGHT NOW**?

No Pain										Worst pain
0	1	2	3	4	5	6	7	8	9	10

What is your **TYPICAL** or **AVERAGE** pain?

No Pain										Worst pain
0	1	2	3	4	5	6	7	8	9	10

INITIAL _____ DATE _____



Neck Pain and Disability Index

Please Read Instructions:

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. In each section, please fill in ONE box only which most closely describes your problem.

Section 1 Pain Intensity

- A. I have no pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is the worst imaginable at the moment.

Section 6 Concentration

- A. I can concentrate fully when I want with no difficulty.
- B. I can concentrate fully when I want with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want.
- D. I have a lot of difficulty in concentrating when I want.
- E. I have a great degree of difficulty in concentrating when I want.
- F. I cannot concentrate at all.

Section 2 Personal Care

- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help but manage most of my personal care.
- E. I need help every day in most aspects of self care.
- F. I do not get dressed, I wash with difficulty and stay in bed.

Section 7 Work

- A. I can do as much work as I want.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I can hardly do any work at all.
- E. I cannot do my usual work.
- F. I can't do any work at all.

Section 3 Lifting

- A. I can lift heavy weight without extra pain.
- B. I can lift heavy weight but it gives extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage it they are conveniently positioned.
- D. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

Section 8 Driving

- A. I can drive my car without any neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain.
- D. I can't drive my car as long as I want because of moderate pain.
- E. I can hardly drive at all because of severe pain in my neck.
- F. I can't drive my car at all.

Section 4 Reading

- A. I can read as much as I want with no pain in my neck.
- B. I can read as much as I want with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I can't read as much because of moderate pain in my neck.
- E. I can hardly read at all because of severe pain in my neck.
- F. I cannot read at all.

Section 9 Sleeping

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1hr. sleepless).
- C. My sleep is medley disturbed (1-2 hrs. sleepless).
- D. My sleep is moderately disturbed (2-3 hrs. sleepless).
- E. My sleep is greatly disturbed (3-5 hrs. sleepless).
- F. My sleep is completely disturbed (5-7 hrs. sleepless).

Section 5 Headaches

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches almost all of the time.

Section 10 Recreation

- A. I am able to engage in all recreational activities with no neck pain.
- B. I am able to engage in all my recreational activities, with some pain in my neck.
- C. I am able to engage in most, but not all of my usual recreational activities because of my neck pain.
- D. I am able to engage in a few of my usual recreational activities because of my neck pain.
- E. I can hardly do any recreational activities because of pain.
- F. I can't do any recreational activities at all.

Office Use Only

Score: _____

INITIAL _____ DATE _____

Low Back Pain Oswestry and Disability Index

Please Read Instructions:

This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage in everyday life. In each section, please fill in ONE box only which most closely describes your problem.

Section 1 Pain Intensity

- A. The pain comes and goes and is very mild.
- B. The pain is mild and does not vary much.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain comes and goes and is very severe.
- F. The pain is very severe and doesn't vary much.

Section 6 Standing

- A. I can stand as long as I want without pain.
- B. I have some pain on standing but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than a ½ hour without increasing pain.
- E. I can't stand for longer than 10 minutes without increasing pain.
- F. I avoid standing because it increases the pain straight away.

Section 2 Personal Care

- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help but manage most of my personal care.
- E. I need help every day in most aspects of self care.
- F. I do not get dressed, I wash with difficulty and stay in bed.

Section 7 Sleeping

- A. I get no pain in bed.
- B. I get pain in bed but it doesn't prevent me from sleeping well.
- C. Because of pain my normal night's sleep is reduced by < 1/4.
- D. Because of pain my normal night's sleep is reduced by < 1/2.
- E. Because of pain my normal night's sleep is reduced by < 3/4.
- F. Pain prevents me from sleeping at all.

Section 3 Lifting

- A. I can lift heavy weight without extra pain.
- B. I can lift heavy weight but it gives extra pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned.
- E. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.
- F. I can only lift very light weights at the most.

Section 8 Traveling

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

Section 4 Walking

- A. I have no pain while walking.
- B. I cannot walk more than one mile without increasing pain.
- C. I cannot walk more than ½ mile without increasing pain.
- D. I cannot walk more than ¼ mile without increasing pain.
- E. I can walk with crutches.
- F. I cannot walk at all without increasing pain.

Section 9 Social life

- A. My social life is normal and gives me no pain.
- B. My social life is normal but increases the degree of pain.
- C. Pain limits my more energetic interests, e.g. dancing, ect.
- D. Pain has restricted my social life and I do not go out very often.
- E. Pain has restricted my social life to my home.
- F. I have hardly any social life because of the pain.

Section 5 Sitting

- A. I can sit in any chair as long as I like.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than a half hour.
- E. Pain prevents me from sitting more than 10 minutes.
- F. I avoid sitting because it increases pain straight away.

Section 10 Changing Degree of Pain

- A. My pain is rapidly getting better.
- B. My pain fluctuates but overall is definitely getting better.
- C. My pain seems to be getting better but improvement is slow.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening.

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