

PERSONAL ASSESSMENT OF CONDITION

Date: _____

Patient Name: _____

ID#: _____

PAIN

Pain scale - 1-10 (1 = minimal to 10 = unbearable)

Sleeping pattern - Hours _____ Interrupted? Yes or No If yes, how often per night? _____

Pain medication use? Yes or No If yes, how often and what type (if known)?

MOBILITY

Sitting tolerance (time):

Standing tolerance (time):

Walking (distance):

Stair climbing (difficulty): Slight _____, Needs aid _____, Unable _____

In/out of car (difficulty): Slight _____, Very slowly _____, Unable _____

Driving tolerance (time):

WORK/RECREATION

Work status: Hours per day _____

Percent of normal duties: _____

Participation: 0 part full

Normal daily activities affected (describe):

Other Comments:

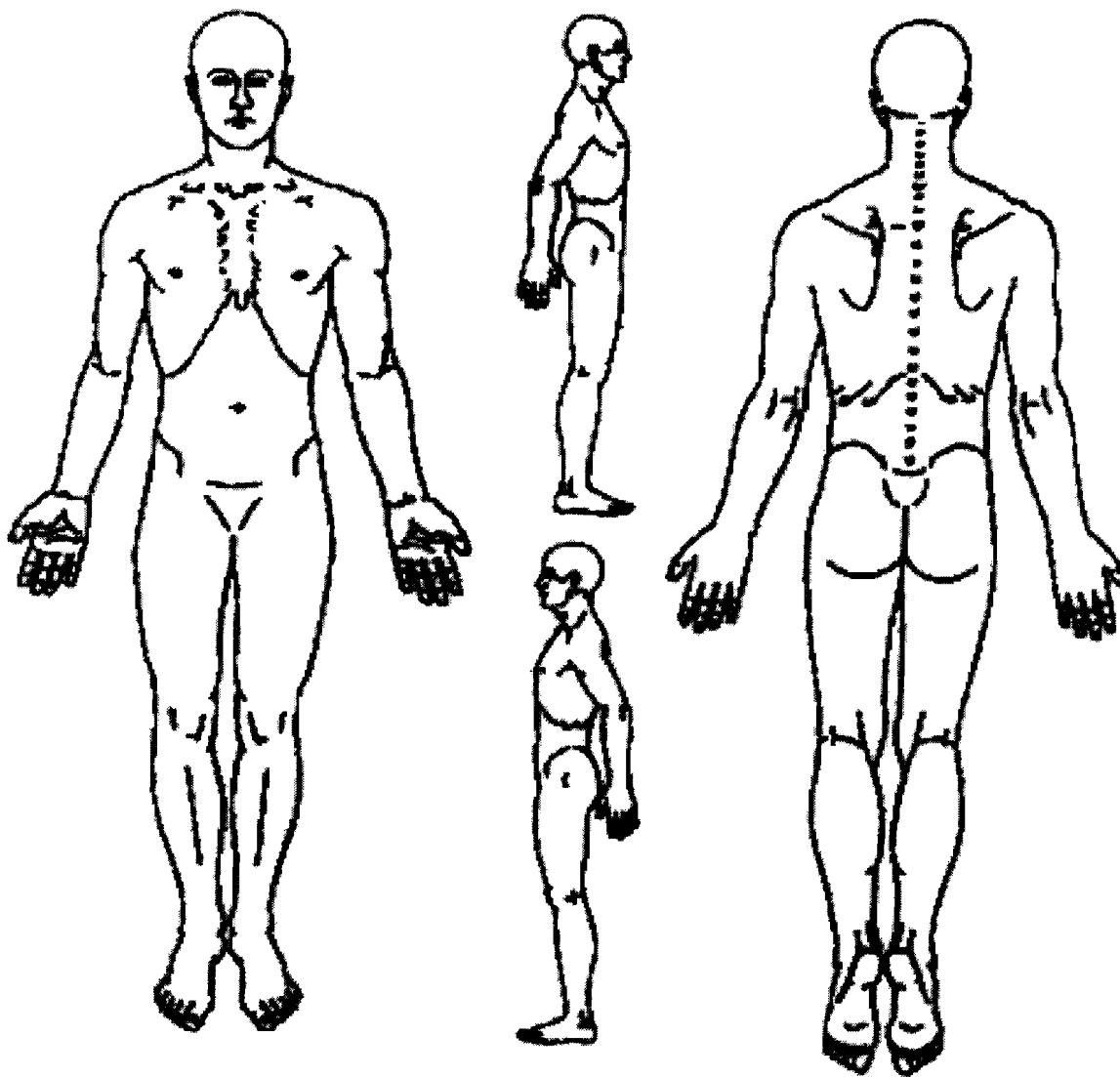
THE REVISED OSWESTRY PAIN QUESTIONNAIRE

NAME _____ DATE ___/___/___

How long have you had back pain? _____ years _____ months _____ weeks

On the diagram below, please indicate where you are experiencing pain, right now.

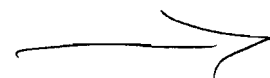
Please complete both sides of this form.



A = ACHE
P = PINS & NEEDLES

B = BURNING
S = STABBING

N = NUMBNESS
O = OTHER



Please read: This questionnaire is designed to enable us to understand how much your **low back pain** has affected your ability to manage everyday activities. Please answer each section by circling the one choice that most applies to you. We realize that you may feel that more than one statement may apply to you, but please just circle the one choice, which closely describes your condition right now.

<p>Section 1 – Pain Intensity</p> <p>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 is severe but comes and goes. F. The pain is severe and does not vary much.</p>	<p>Section 6 – Standing</p> <p>A. I can stand as long as I want without pain. B. I have some pain while 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 1/2 hour without increasing pain. E. I cannot stand for more than 10 minutes without increasing pain. F. I avoid standing because it increases pain right away.</p>
<p>Section 2 – Personal Care</p> <p>A. I would not have to change my way of washing or dressing in order to avoid pain. B. I do not normally change my way of washing or dressing even though it causes some pain. C. Washing and dressing increase the pain, but I manage not to change my way of doing it. D. Washing and dressing increase the pain and I find it necessary to change my way of doing it. E. Because of the pain, I need some help with washing and dressing. F. Because of the pain, I am unable to do any washing and dressing without help.</p>	<p>Section 7 – Sleeping</p> <p>A. I get no pain in bed. B. I get pain in bed, but it does not prevent me from sleeping. C. Because of pain, my normal night’s sleep is reduced by less than one-quarter. D. Because of pain, my normal night’s sleep is reduced by less than one-half. E. Because of pain, my normal night’s sleep is reduced by less than three-quarters. F. Pain prevents me from sleeping at all.</p>
<p>Section 3 – Lifting</p> <p>A. I can lift heavy weights without extra pain. B. I can lift heavy weights, but it causes extra pain. C. Pain prevents me from lifting heavy weights off the floor. D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on the table. E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. F. I can only lift very light weights, at the most</p>	<p>Section 8 – Social Life</p> <p>A. My social life is normal and gives me no pain. B. My social life is normal, but increases the degree of my pain. C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc. 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. Pain prevents me from all forms of activity.</p>
<p>Section 4 – Walking</p> <p>A. Pain does not prevent me from walking any distance. B. Pain prevents me from walking more than one mile. C. Pain prevents me from walking one mile. D. Pain prevents me from walking more than 1/2 mile. E. I can only walk while using a cane or crutches. F. I am in bed most of the time and have to crawl to the toilet.</p>	<p>Section 9 – Traveling</p> <p>A. I get no pain while traveling. B. I get some pain while traveling, but none of my usual forms of travel makes the pain 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.</p>
<p>Section 5 – Sitting</p> <p>A. I can only sit in any chair as long as I like without pain. 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 1/2 hour. E. Pain prevents me from sitting more than ten minutes. F. Pain prevents me from sitting at all.</p>	<p>Section 10 – Changing Degree of Pain</p> <p>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 at present. D. My pain is neither getting better nor worse. E. My pain is gradually worsening. F. My pain is rapidly worsening.</p>

DISABILITY INDEX SCORE % _____

Neck Pain and Disability Index (Vernon-Minor)

Patient Name: _____

Date: ____/____/____

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. Please answer every section and mark in each section only the ONE box, which applies to you. We realize you may consider that two of the statements in any one section relate to you, but just mark the box, which most closely describes your problem.

SECTION 1 – PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

SECTION 2 – PERSONAL CARE (Washing, Dressing, etc.)

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

SECTION 3 – LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I can not lift or carry anything at all.

SECTION 4 – READING

- I can read as much as I want with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I can't read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I can not read at all.

SECTION 5 – HEADACHES

- I have no headaches at all.
- I have slight headaches, which come infrequently.
- I have moderate headaches, which come infrequently.
- I have moderate headaches, which come frequently.
- I have severe headaches, which come frequently.
- I have headaches almost all of the time.

SECTION 6 – CONCENTRATION

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I can not concentrate at all.

SECTION 7 – WORK

- I can do as much work as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I can not do my usual work.
- I can hardly do any work at all.
- I can not do any work at all.

SECTION 8 – DRIVING

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

SECTION 9 – SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless).
- My sleep is mildly disturbed (1-2 hrs. sleepless).
- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

SECTION 10 – RECREATION

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

Pain Scale:

Rate the severity of your pain by checking one box on the following scale

No Pain

0	1	2	3	4	5	6	7	8	9	10
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Excruciating Pain

ROLAND MORRIS DISABILITY INDEX

Name _____ Date ____/____/____
(Please Print)

When your **back** hurts, you may find it difficult to do some of the things you normally do. Check the box before each sentence that describes you today. Leave the box blank if the sentence does not describe you.

- I stay home most of the time because of my back.
- I change positions frequently to try and get my back comfortable.
- I walk more slowly than usual because of my back.
- Because of my back, I am not doing any of the jobs that I usually do around the house.
- Because of my back, I use a handrail to get upstairs.
- Because of my back, I lie down to rest more.
- Because of my back, I have to hold on to something to get out of an easy chair.
- Because of my back, I try to get other people to do things for me.
- I get dressed more slowly because of my back.
- I only stand up for short periods of time because of my back.
- Because of my back, I try not to bend or kneel.
- I find it difficult to get out of a chair because of my back.
- My back is painful almost all of the time.
- I find it difficult to turn over in bed because of my back.
- My appetite is not very good because of my back.
- I have trouble putting on my socks (stockings) because of my back.
- I only walk short distances because of my back pain.
- I sleep less well because of my back pain.
- Because of my back, I get dressed with help from someone else.
- I sit down for most of the day because of my back.
- I avoid heavy jobs around the house because of my back.
- Because of my back pain, I am more irritable and bad tempered with people than usual.
- Because of my back, I go upstairs more slowly than usual.
- I stay in bed most of the time because of my back.