

NAME _____ DATE ___ / ___ / ___ MR# _____

If you are having pain, where are your pain symptoms located?

Average pain intensity in last week

___ Neck _____

No Pain	0	1	2	3	4	5	6	7	8	9	10 Severe Pain
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___ Right Arm _____

No Pain	0	1	2	3	4	5	6	7	8	9	10 Severe Pain
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___ Left Arm _____

No Pain	0	1	2	3	4	5	6	7	8	9	10 Severe Pain
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___ Mid Back _____

No Pain	0	1	2	3	4	5	6	7	8	9	10 Severe Pain
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___ Low Back _____

No Pain	0	1	2	3	4	5	6	7	8	9	10 Severe Pain
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___ Right Leg _____

No Pain	0	1	2	3	4	5	6	7	8	9	10 Severe Pain
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___ Left Leg _____

No Pain	0	1	2	3	4	5	6	7	8	9	10 Severe Pain
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Are you currently taking any medications for your pain symptoms? (List only medications used for pain.)

Name	Dosage	Does it help?	Side Effects?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your current work status?

- | | |
|---|--|
| <input type="checkbox"/> Unable to work because of pain | <input type="checkbox"/> Unemployed, but looking for work |
| <input type="checkbox"/> Working but less than desired because of pain | <input type="checkbox"/> Unemployed, by choice / Homemaker |
| <input type="checkbox"/> Working to desired capacity despite pain | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Disabled from working because of other health problems | <input type="checkbox"/> Student |

(For Doctor's notes) _____

New Diagnostics _____

PT _____

Procedures _____

D #	MD
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This questionnaire is designed to give us information as to how your back (or leg) trouble affects your ability to manage in everyday life.
Please answer **every section**. Mark one box only in each section that most closely describes you **today**.

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 is very painful.
- 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, 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 extra pain.
- 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 if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

Section 4 – Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk with a cane or crutches.
- I am in bed most of the time and have to crawl to the bathroom.

Section 5 – Sitting

- I can sit in any chair as long as I like.
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than ½ hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Section 6 – Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than ½ hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Section 7 - Sleeping

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours sleep.
- Because of pain I have less than 4 hours sleep.
- Because of pain I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

Section 8 – Sex Life (if applicable)

- My sex life is normal and causes no extra pain.
- My sex life is normal and causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex at all.

Section 9 – Social Life

- My social life is normal and causes me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g. sports, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

Section 10 – Traveling

- I can travel anywhere without pain.
- I can travel anywhere but it gives extra pain.
- Pain is bad but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than one hour.
- Pain restricts me to short necessary journeys less than 30 minutes.
- Pain prevents me from travelling except to receive medical treatment.

Score _____ / _____ = _____ %

(ODI 2.0)



NAME _____ DATE ___ / ___ / ___ MR# _____

CERVICAL	MAXIMUM (°)	PAINFUL
FLEXION	_____	_____
EXTENSION	_____	_____
SIDE FLEXION	R _____ L _____	R _____ L _____
ROTATION	R _____ L _____	R _____ L _____

PALPATION _____

	SHOULDER	ELBOW
RIGHT	_____	_____
LEFT	_____	_____

NEUROLOGICAL	MOTOR (GRADE 1 - 5)	SENSORY (PIN PRICK)
	RIGHT LEFT	RIGHT LEFT
C-5	BICEPS _____	_____
C-6	PRONATOR _____	_____
C-7	TRICEPS _____	_____
C-8	INTRINSIC _____	_____
T-1	ADM _____	_____

REFLEXES	BICEPS	BRACHIORADIALIS	TRICEPS	FINGER	HOFFMAN
RIGHT	_____	_____	_____	_____	_____
LEFT	_____	_____	_____	_____	_____

THORACIC SPINE	MAXIMUM (°)	PAINFUL
ROTATION RIGHT	_____	_____
ROTATION LEFT	_____	_____

DEFORMITY _____

LUMBAR (STANDING)	MAXIMUM (°)	PAINFUL
FLEXION	_____	_____
EXTENSION	_____	_____
SIDE FLEXION	R _____ L _____	R _____ L _____

	HIP	KNEE
RIGHT	_____	_____
LEFT	_____	_____

ROOT TENSION SIGNS	STRAIGHT LEG RAISING (°)	PAIN
RIGHT	_____	_____
LEFT	_____	_____

	FEMORAL STRETCH
RIGHT	_____
LEFT	_____

NEUROLOGICAL	MOTOR (GRADE 1 - 5)	SENSORY (PIN PRICK)
	RIGHT LEFT	RIGHT LEFT
QUAD	_____	L2 _____
DORSI	_____	L3 _____
E H L	_____	L4 _____
HIP ABD	_____	L5 _____
CALF	_____	S1 _____

REFLEXES	PATELLA	ACHILLES	BABINSKI	CLONUS
RIGHT	_____	_____	_____	_____
LEFT	_____	_____	_____	_____

WADDELL _____ OVER REACT _____ SUP TEND _____ DIS SLR _____ SIMUL ROT _____ GLOBAL _____

SCAR: _____ POSTURE: _____ GAIT: _____

VASCULAR RIGHT _____

LEFT _____

ATROPHY RIGHT _____

LEFT _____

PALPATION _____

