

Pain Chart

IN CASE OF ACCIDENT, INJURY, OR SUDDEN CHANGE IN YOUR CONDITION

Please give us the information listed below. Be sure to tell us what happened, where, when, and how the problem occurred. If you were hospitalized or received treatment elsewhere, please give details.

Purpose of This Appointment (Problem)

The Major Complaint came on

Gradually Suddenly

Is This a Result of a Fall, Accident, Injury (Please Describe):

How does this pain affect your daily life?

Signature: _____

Address: _____

Date Of Birth: _____ **Date of Onset:** _____

Print Name _____ **Today's Date** _____

Please mark area(s) of injury or discomfort as shown below in the example.

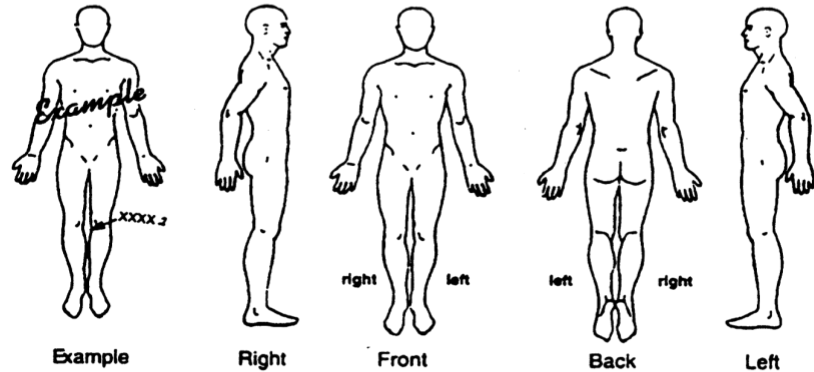
PAIN SCALE

Please circle the number that best describes your pain

0 1 2 3 4 5 6 7 8 9 10

NONE LITTLE MEDIUM SEVERE

<p>Numbness</p> <p>-----</p> <p>Aching</p> <p>X X X X X</p>	<p>Pins & Needles</p> <p>o o o o o</p> <p>Stabbing</p> <p>.</p>	<p>Burning</p> <p>^ ^ ^ ^ ^</p> <p>Spasm</p> <p>o o o o o</p>
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Height _____ Weight _____

Balance/Weight Distribution _____ Right/Left _____

Reflexes Right _____ Left _____

Temposcope _____

Muscle Spasm _____ Fixation _____

Derefield Sign _____ Sacral Check _____

Other _____

Tenderness _____

ROM-C _____ L _____

Goal SYMPTOM REDUCTION - INCREASE MOBILITY

 DECREASE SPASM - BALANCE SPINE - IMPROVE STRENGTH

Other: _____

Treatment Plan _____

NECK DISABILITY INDEX

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

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.
- × I can concentrate fully without difficulty.
- × I can concentrate with slight difficulty.
- × I have a fair degree of difficulty concentrating.
- × I have a lot of difficulty concentrating.
- × I have a great deal of difficulty concentrating.
- × I can't concentrate at all.

SECTION 6 – CONCENTRATION

SECTION 2 – PERSONAL CARE

- × 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 have no trouble sleeping.
- × My sleep is slightly disturbed for less than 1 hour.
- × My sleep is moderately disturbed for up to 2-3 hours.
- × My sleep is greatly disturbed for up to 3-5 hours.
- × My sleep is completely disturbed for up to 5-7 hours.
- × I do not get dressed. I wash with difficulty and stay in bed.

SECTION 7 – SLEEPING

SECTION 3 – LIFTING

- × I can lift heavy weights without causing extra pain.
- × I can lift heavy weights, but it gives me extra pain. prevents me from lifting heavy weights off a table.
- × Pain prevents me from lifting heavy weights, but I manage light weights if they are conveniently positioned.
- × I can lift only very light weights.
- × I can drive my car without neck pain.
- × I can drive as long as I want with slight neck pain.
- × I can drive as long as I want with moderate neck pain. the floor but I positioned, ie. on a table.
- × I can't drive as long as I want because of moderate neck pain.
- × I can hardly drive at all because of severe neck pain. can't drive my car at all because of neck pain.
- × I cannot lift or carry anything at all.

SECTION 8 – DRIVING

SECTION 9 – READING

SECTION 4 – WORK

- × I can read as much as I want with slight neck pain.
- × I can do as much work as I want.
- × I can only do my usual work, but no more.
- × I can't do my usual work.
- × I can't do any work at all.
- × I can read as much as I want with no neck pain.
- × I can read as much as I want with moderate neck pain.
- × I can't read as much as I want because of moderate neck pain.
- × I can't read as much as I want because of severe neck pain.
- × I can't read at all.

SECTION 5 – HEADACHES

- × I have no headaches at all.
- × I have slight headaches that come infrequently.
- × I have moderate headaches that come infrequently.
- × I have moderate headaches that come frequently.
- × I have severe headaches that come frequently.
- × I have no neck pain during all recreational activities.
- × I have some neck pain with all recreational activities.
- × I have some neck pain with a few recreational activities.
- × I have neck pain with most recreational activities.
- × I have neck pain with most recreational activities.
- × I can hardly do recreational activities due to neck pain.
- × I can't do any recreational activities due to neck pain.

SECTION 10 – RECREATION

PATIENT NAME _____

DATE _____

SCORE _____ [50]

BENCHMARK -5 = _____

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Oswestry Low Back Pain Scale

Please rate the severity of your pain by circling a number below:

No pain

0 1 2 3 4 5 6 7 8 9 10

Unbearable pain

Name _____

Date _____

Instructions: Please circle the **ONE NUMBER** in each section which most closely describes your problem.

Section 1 – Pain Intensity

- 0. The pain comes and goes and is very mild.
- 1. The pain is mild and does not vary much.
- 2. The pain comes and goes and is moderate.
- 3. The pain is moderate and does not vary much.
- 4. The pain comes and goes and is severe.
- 5. The pain is severe and does not vary much.

Section 2 – Personal Care (Washing, Dressing, etc.)

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

Section 3 – Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it gives extra pain.
- 2. Pain prevents me lifting heavy weights off the floor.
- 3. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- 4. Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 5. I can only lift very light weights at most.

Section 4 – Walking

- 0. I have no pain on walking.
- 1. I have some pain on walking but it does not increase with distance.
- 2. I cannot walk more than 1 mile without increasing pain.
- 3. I cannot walk more than ½ mile without increasing pain.

Section 6 – Standing

- 0. I can stand as long as I want without pain.
- 1. I have some pain on standing but it does not increase with time.
- 2. I cannot stand for longer than 1 hour without increasing pain.
- 3. I cannot stand for longer than ½ hour without increasing pain.
- 4. I cannot stand for longer than 10 minutes without increasing pain.
- 5. I avoid standing because it increases the pain immediately.

Section 7 – Sleeping

- 0. I get no pain in bed.
- 1. I get pain in bed but it does not prevent me from sleeping well.
- 2. Because of pain my normal nights sleep is reduced by less than one-quarter.
- 3. Because of pain my normal nights sleep is reduced by less than one-half.
- 4. Because of pain my normal nights sleep is reduced by less than three-quarters.
- 5. Pain prevents me from sleeping at all.

Section 8 – Social Life

- 0. My social life is normal and gives me no pain.
- 1. My social life is normal but it increases the degree of pain.
- 2. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- 3. Pain has restricted my social life and I do not go out very often.
- 4. Pain has restricted my social life to my home.
- 5. I have hardly any social life because of the pain.

Section 9 – Traveling

- 0. I get no pain when traveling.
- 1. I get some pain when traveling but none of my usual forms of travel make it any worse.
- 2. I get extra pain while traveling but it does not compel me to seek alternate forms of travel.

4. I cannot walk more than ¼ mile without increasing pain.

5. I cannot walk at all without increasing pain.

Section 5 – Sitting

0. I can sit in any chair as long as I like.

1. I can sit only in my favorite chair as long as I like.

2. Pain prevents me from sitting more than 1 hour.

3. Pain prevents me from sitting more than ½ hour.

4. Pain prevents me from sitting more than 10 minutes.

5. I avoid sitting because it increases pain immediately.

3. I get extra pain while traveling which compels to seek alternative forms of travel.

4. Pain restricts me to short necessary journeys under ½ hour.

5. Pain restricts all forms of travel.

Section 10 – Changing Degree of Pain

0. My pain is rapidly getting better.

1. My pain fluctuates but is definitely getting better.

2. My pain seems to be getting better but improvement is slow.

3. My pain is neither getting better or worse.

4. My pain is gradually worsening.

5. My pain is rapidly worsening.

TOTAL_____