

Neck Pain

<p>Section one: Pain Intensity <input type="checkbox"/> No pain at the moment <input type="checkbox"/> Mild pain at the moment <input type="checkbox"/> Moderate pain at the moment <input type="checkbox"/> Fairly severe pain at the moment <input type="checkbox"/> Very severe pain at the moment <input type="checkbox"/> Worst imaginable pain ever at the moment Notes:</p>	<p>Section six: Concentration <input type="checkbox"/> Can concentrate without difficulty <input type="checkbox"/> Can concentrate with slight difficulty <input type="checkbox"/> Can concentrate with fair difficulty <input type="checkbox"/> Can concentrate with a lot of difficulty <input type="checkbox"/> Can concentrate with extreme difficulty <input type="checkbox"/> Cannot concentrate at all Notes:</p>
<p>Section two: Personal care <input type="checkbox"/> Personal care is normal without extra pain <input type="checkbox"/> Personal care is normal with extra pain <input type="checkbox"/> Personal care painful/slow and careful <input type="checkbox"/> Manage most personal care with some help <input type="checkbox"/> Need help every day with most personal care <input type="checkbox"/> Difficulty dressing and washing/stay in bed Notes:</p>	<p>Section seven: Work <input type="checkbox"/> Work is unrestricted <input type="checkbox"/> Can do usual work but no more <input type="checkbox"/> Can do most usual work but no more <input type="checkbox"/> Cannot do usual work <input type="checkbox"/> Can hardly do any work <input type="checkbox"/> Cannot do any work Notes:</p>
<p>Section three: Lifting <input type="checkbox"/> Lifts heavy weights with no pain <input type="checkbox"/> Lifts heavy weights with pain <input type="checkbox"/> Can lift heavy weights from a table <input type="checkbox"/> Can lift only very light weights from a table <input type="checkbox"/> Can lift only very light weights <input type="checkbox"/> Cannot lift or carry anything Notes:</p>	<p>Section eight: Driving <input type="checkbox"/> Can drive without pain <input type="checkbox"/> Driving causes slight neck pain <input type="checkbox"/> Driving causes moderate neck pain <input type="checkbox"/> Cannot drive long due to neck pain <input type="checkbox"/> Can hardly drive due to severe pain <input type="checkbox"/> Pain prevents driving Notes:</p>
<p>Section four: Reading <input type="checkbox"/> No pain while reading <input type="checkbox"/> Slight pain while reading <input type="checkbox"/> Moderate pain with reading <input type="checkbox"/> Moderate pain prevents reading <input type="checkbox"/> Severe pain prevents reading <input type="checkbox"/> Cannot read at all due to pain Notes:</p>	<p>Section nine: Sleeping <input type="checkbox"/> No difficulty sleeping <input type="checkbox"/> Sleep is mildly disturbed <input type="checkbox"/> 1-2 hours loss of sleep <input type="checkbox"/> 2-3 hours loss of sleep <input type="checkbox"/> 3-5 hours loss of sleep <input type="checkbox"/> 5-7 hours loss of sleep Notes:</p>
<p>Section five: Headaches <input type="checkbox"/> No headaches <input type="checkbox"/> Slight, infrequent headaches <input type="checkbox"/> Moderate, infrequent headaches <input type="checkbox"/> Moderate, frequent headaches <input type="checkbox"/> Severe, frequent headaches <input type="checkbox"/> Constant headaches Notes:</p>	<p>Section ten: Recreation <input type="checkbox"/> Recreation is not affected <input type="checkbox"/> Some neck pain but does not affect recreation <input type="checkbox"/> Some activity is affected by pain <input type="checkbox"/> Most activity is affected by pain <input type="checkbox"/> Activity severely restricted by pain <input type="checkbox"/> Cannot do any activity Notes:</p>

PATIENT NAME: _____

DATE: _____

LOW BACK PAIN

<p>Section one: Pain Intensity <input type="checkbox"/> Tolerates pain without medication <input type="checkbox"/> No pain medication but pain is bad <input type="checkbox"/> Pain medication gives complete relief <input type="checkbox"/> Pain medication gives moderate relief <input type="checkbox"/> Pain medication gives little relief <input type="checkbox"/> Pain medications have no effect/do not use Notes:</p>	<p>Section six: Standing <input type="checkbox"/> Can stand an unlimited amount of time Without pain. <input type="checkbox"/> Standing gives an extra pain <input type="checkbox"/> Cannot stand for more than one hour <input type="checkbox"/> Cannot stand for more than ½ hour <input type="checkbox"/> Cannot stand for more than ten minutes <input type="checkbox"/> Cannot stand at all due to pain. Notes:</p>
<p>Section two: Personal care <input type="checkbox"/> Can look after self without extra pain <input type="checkbox"/> Can look after self with little pain <input type="checkbox"/> Painful to look after myself, must be slow and careful. <input type="checkbox"/> Need some help, can manage most care <input type="checkbox"/> Need help every day in most aspects of care <input type="checkbox"/> Needs help in all aspects of personal care Notes:</p>	<p>Section seven: Sleeping <input type="checkbox"/> Pain does not prevent sleep <input type="checkbox"/> Can sleep well using medication for sleep <input type="checkbox"/> Can sleep no more than 6 hours with medication <input type="checkbox"/> Can sleep no more than 4 hours with medication <input type="checkbox"/> Can sleep no more than 2 hours with medication <input type="checkbox"/> Cannot sleep at all due to pain Notes:</p>
<p>Section three: Lifting <input type="checkbox"/> Lifts heavy weights with no pain <input type="checkbox"/> Lifts heavy weights with pain <input type="checkbox"/> Can lift heavy weights from a table <input type="checkbox"/> Can lift light weights from a table <input type="checkbox"/> Can only lift very light weights <input type="checkbox"/> Cannot lift or carry anything Notes:</p>	<p>Section eight: Sex life <input type="checkbox"/> Normal and causes no pain <input type="checkbox"/> Normal but causes extra pain <input type="checkbox"/> Almost normal but causes pain <input type="checkbox"/> Severely restricted by pain <input type="checkbox"/> Nearly absent due to pain <input type="checkbox"/> Pain prevents sexual relations Notes:</p>
<p>Section four: Walking <input type="checkbox"/> Pain does not prevent walking any distance <input type="checkbox"/> Cannot walk more than one mile <input type="checkbox"/> Cannot walk more than a half mile <input type="checkbox"/> Cannot walk more than a quarter mile <input type="checkbox"/> Can only walk with crutches/walker <input type="checkbox"/> Bedridden, must crawl to toilet Notes:</p>	<p>Section nine: Social life <input type="checkbox"/> Normal, causes no pain <input type="checkbox"/> Normal, but causes extra pain <input type="checkbox"/> Limits energetic interests <input type="checkbox"/> Pain limits most excursions <input type="checkbox"/> Pain restricts social life to home <input type="checkbox"/> Pain restricts all social life Notes:</p>
<p>Section five: Sitting <input type="checkbox"/> Can sit in any chair as long as desired <input type="checkbox"/> Can only sit in a favorite chair as long as desired <input type="checkbox"/> Can sit no more than one hour <input type="checkbox"/> Can sit no more than ½ hour <input type="checkbox"/> Can sit no more than 10 minutes <input type="checkbox"/> Cannot sit at all due to pain Notes:</p>	<p>Section ten: Traveling <input type="checkbox"/> Travel anywhere without pain <input type="checkbox"/> Travel anywhere but causes pain <input type="checkbox"/> Can travel no more than 2 hours with pain <input type="checkbox"/> Pain restricts travel to less than one hour <input type="checkbox"/> Pain restricts travel to less than 30 minutes <input type="checkbox"/> Pain restricts travel except to doctor visits Notes:</p>

Patient Name: _____

Date: _____