

Name: _____

SSN: _____

Complaint: Back Pain

When did the pain begin?

Episodes:

Episode frequency _____ Episode Duration _____

Severity:

On a scale of 1 to 10 (0 being no pain and 10 being the worst pain imaginable), how would you rate your pain now? _____

Status:

Changing	Improved	Fluctuating	Resolved
Stable	Worse		

Frequency:

Intermittent	occasional	Constant	Rare
--------------	------------	----------	------

Location:

Upper back	Mid Back	Lower Back	Gluteal Area
Left Flank	Right Flank	Legs	Thighs

Does the Pain Travel Anywhere?

Left Ankle	Right Ankle	Left Buttock	Right Buttock
Left Calf	Right Calf	Left Foot	Right Foot
Left Knee	Right Knee	Left Thigh	Right Thigh

Quality:

Ache	Burning	Deep	Diffuse
Discomforting	Dull	Localized	Numbness
Piercing	Sharp	Shooting	Stabbing
Superficial	Throbbing	Other _____	

Name: _____

SSN: _____

Context:

Bending forward Hard fall Lifting Lying down

No Injury Pulling Pushing Sitting

Sports Work Injury Trauma NONE

Sudden Movement Twisting movement Walking Up the Stairs

Trauma: MVA

Year _____ Air Bag Deployment YES NO Seat Belt

Specify _____

Aggravated By:

Ascending stairs Bending Changing Positions

Coughing Daily activities Defecation

Descending Stairs Extension Flexion Jumping

Lifting Resting Rolling Over In Bed

Pushing Running Sitting Standing

Twisting Walking None

Relieved By:

Exercise Heat Ice Lying Down

Injections by Who _____ Massage Movement

OTC Medications Pain Medications Physical Therapy

Stretching Rest Sitting

Other _____

Associated Symptoms/ Pertinent negatives

Abdominal pain Decreased mobility Rash Diarrhea

Name: _____

SSN: _____

Disequilibrium	Limping	Numbness	Sexual Dysfunction
Spasms	Tenderness	Tingling in the legs	
Weight Loss	Weakness	No Associated Symptoms	
Weight gain	Other _____		

Sleep Limitations:

Falling asleep	Staying asleep	Getting back to sleep
Not able to sleep on affected side	Able to sleep on affected side	
Awakening too early	Waking # time per night _____	

Please list all of your allergies. (None)

Functional Limitations:

Ascend/ descend stairs	Complete cooking activities	Dress your self
Drive/ fasten seat belt	Get in or out of bathtub	Get in or out of a Car
Sleep on affected side	Squat/kneel	Style hair
Stand from a seated position	Walk household distances	Wash Hair

Name: _____

SSN: _____

Pain Diagram

TYPE OF PAIN YOU ARE CURRENTLY EXPERIENCING...

Place appropriate symbol or letter on the diagram.

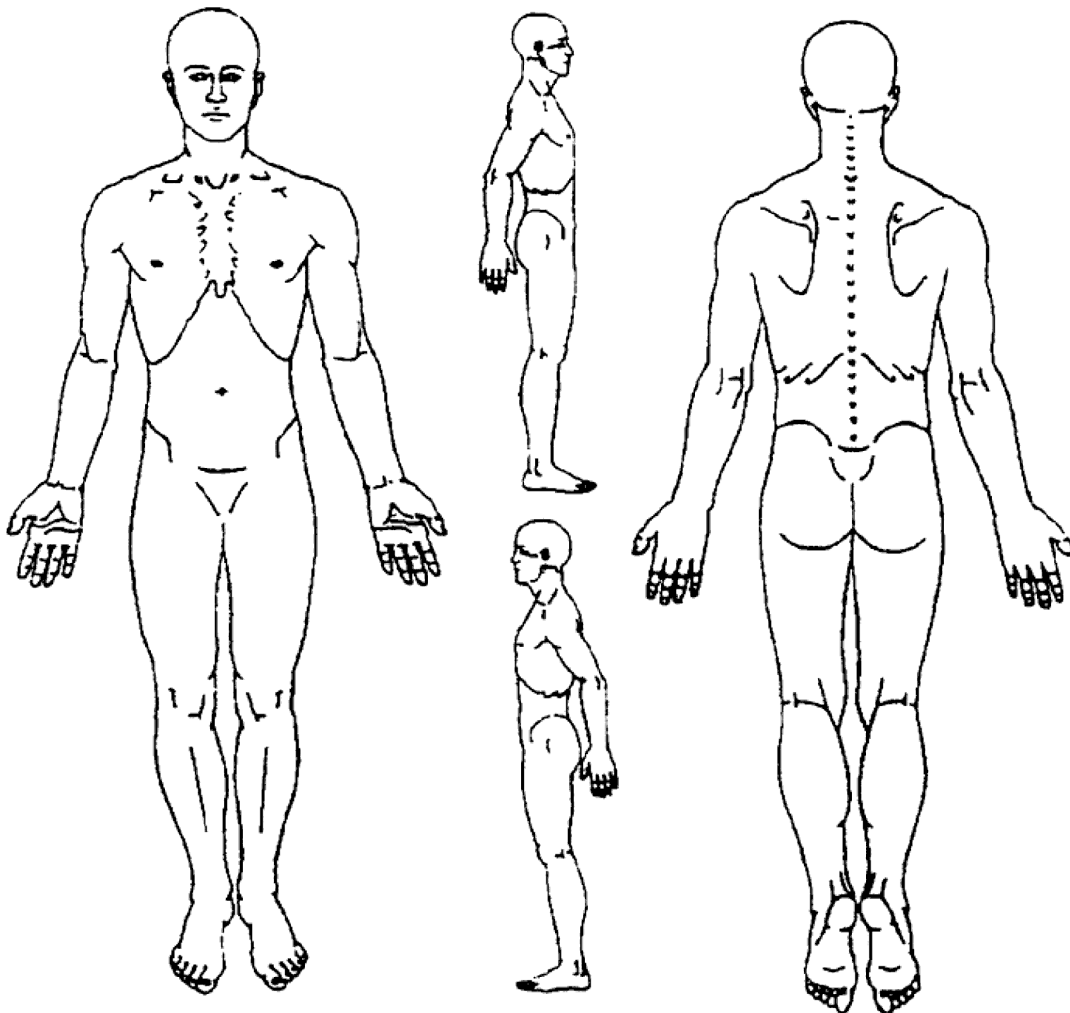
Ache = AAAAA

Numbness = NNNNN

Pins and Needles = OOOOO

Burning = XXXXX

Stabbing = /////



Name: _____

SSN: _____

Oswestry Disability Questionnaire

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement **which most clearly 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 (eg. washing, dressing)

- 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 can 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 me extra pain
- Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed eg. on a table
- Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

Section 4: Walking*

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 2 kilometres
- Pain prevents me from walking more than 1 kilometre
- Pain prevents me from walking more than 500 metres
- I can only walk using a stick or crutches
- I am in bed most of the time

Section 5: Sitting

- I can sit in any chair as long as I like
- I can only sit in my favourite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting 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 30 minutes
- 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 but 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 life at all

Section 9: Social Life

- My social life is normal and gives 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 interests e.g. sport
- 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: Travelling

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