

NW Family Wellness Center
Mary T. Coleman, DC
10365 SE Sunnyside Rd. Suite 210
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P: 503.887.7725 F: 503.855.3269

PATIENT RE-EXAMINATION QUESTIONNAIRE

Name_____ DOB_____ Date_____

How would you classify your improvement since beginning your care?

Excellent_____ Good_____ Fair_____ Poor_____

On a 1 to 10 scale (10 being the best) how would you rate your improvement? _____

What symptoms have improved?

What symptoms are still present?

What changes have been made in your general feelings since starting care? Are you: (check those indicated)

Stronger_____ More Relaxed_____ More Alert_____ Less Nervous_____

Sleep Better_____ Improved Appetite_____ Other (please explain)_____

Do you find it easier to: (check all that apply)

Walk_____ Ride_____ Work_____ Bend_____ Stand_____ Sit_____ Lift_____

Other (please explain)_____ No Change_____

Is there any other condition you have that we have not discussed that you now wish to go into? If yes, please explain:

Do you have any other questions or concerns about your progress?

NECK DISABILITY INDEX

This questionnaire is designed to help us better understand how your neck pain affects your ability to manage every day 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, mark the box that **most closely** describes your present day situation.

SECTION 1 – PAIN INTENSITY

- A. I have no pain at the moment
- B. The pain is very mild at the moment
- C. The pain is moderate at the moment
- D. The pain is fairly severe at the moment
- E. The pain is very severe at the moment
- F. The pain is the worst imaginable at the moment

SECTION 2 – PERSONAL CARE

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

SECTION 3 – LIFTING

- A. I can lift heavy weights without causing extra pain
- B. I can lift heavy weights but it gives me extra pain
- C. Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned (i.e. on a table)
- D. I can lift only very light weights
- E. I cannot lift or carry anything at all

SECTION 4 – WORK

- A. I can do as much work as I want
- B. I can only do my usual work, but no more
- C. I can do most of my usual work, but no more
- D. I can't do my usual work
- E. I can hardly do any work at all
- F. I can't do any work at all

SECTION 5 – HEADACHES

- A. I have no headaches at all
- B. I have slight headaches that come infrequently
- C. I have moderate headaches that come infrequently
- D. I have moderate headaches that come frequently
- E. I have severe headaches that come frequently
- F. I have headaches almost all the time

SECTION 6 – CONCENTRATION

- A. I can concentrate fully without difficulty
- B. I can concentrate fully with slight difficulty
- C. I have a fair degree of difficulty concentrating
- D. I have a lot of difficulty concentrating
- E. I have a great deal of difficulty concentrating
- F. I can't concentrate at all

SECTION 7 – SLEEPING

- A. I have no trouble sleeping
- B. My sleep is slightly disturbed for less than 1 hour
- C. My sleep is mildly disturbed for up to 1-2 hours
- D. My sleep is moderately disturbed for up to 3-4 hours
- E. My sleep is greatly disturbed for up to 3-4 hours
- F. My sleep is completely disturbed for up to 5-7 hours

SECTION 8 – DRIVING

- A. I can drive my car without neck pain
- B. I can drive as long as I want with slight neck pain
- C. I can drive as long as I want with moderate neck pain
- D. I can't drive as long as I want because of moderate neck pain
- E. I can hardly drive at all because of severe neck pain
- F. I can't drive my car at all because of neck pain

SECTION 9 – READING

- A. I can read as much as I want with no neck pain
- B. I can read as much as I want with slight neck pain
- C. I can read as much as I want with moderate neck pain
- D. I can't read as much as I want because of severe neck pain
- E. I can't read at all

SECTION 10 – RECREATION

- A. I have no neck pain during all recreational activities
- B. I have some neck pain with all recreational activities
- C. I have some neck pain with a few recreational activities
- D. I have neck pain with most recreational activities
- E. I can hardly do recreational activities due to neck pain
- F. I can't do any recreational activities due to neck pain

Patient Name _____ Date _____ Score _____ [50]

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OSWESTRY LOW BACK QUESTIONNAIRE

This questionnaire is designed to help us better understand how your back pain affects your ability to manage every day 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, mark the box that **most closely** describes your present day situation.

PAIN INTENSITY

- A. I can tolerate the pain I have without having to use pain medication
- B. The pain is bad but I can manage without having to take pain medication
- C. Pain medication provides me complete relief from pain
- D. Pain medication provides me with moderate relief from pain
- E. Pain medication provides me with little relief from pain
- F. Pain medication has no affect on my pain

PERSONAL CARE (WASHING, DRESSING, ETC)

- A. I can take care of myself normally without causing increased pain
- B. I can take care of myself normally but it increases my pain
- C. It is painful to take care of myself & I am slow and careful
- D. I need help but I am able to manage most of my personal care
- E. I need help every day in most aspects of my care
- F. I do not get dressed, wash with difficulty & stay in bed

LIFTING

- A. I can lift heavy weights without increased pain
- B. I can lift heavy weights but it causes increased pain
- C. Pain prevents me from lifting heavy weights off the floor but I can manage if the weights are conveniently positioned
- D. Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- E. I can lift only very light weights
- F. I cannot lift or carry anything at all

WALKING

- A. Pain does not prevent me from walking any distance
- B. Pain prevents me from walking more than 1 mile
- C. Pain prevents me from walking more than ½ mile
- D. Pain prevents me from walking more than ¼ mile
- E. I can only walk with crutches or a cane
- F. I am in bed most of the time & have to crawl to the toilet

SITTING

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

STANDING

- A. I can stand as long as I want without increased pain
- B. I can stand as long as I want but increases my pain
- C. Pain prevents me from standing more than 1 hour
- D. Pain prevents me from standing more than ½ hour
- E. Pain prevents me from standing more than 10 minutes
- F. Pain prevents me from standing at all

SLEEPING

- A. Pain does not prevent me from sleeping well
- B. I can sleep well only by using pain medication
- C. Even when I take pain medication I sleep less than 6 hours
- D. Even when I take pain medication I sleep less than 4 hours
- E. Even when I take pain medication I sleep less than 2 hours
- F. Pain prevents me from sleeping at all

SOCIAL LIFE

- A. My social life is normal and does not increase my pain
- B. My social life is normal but it increases my pain level
- C. Pain prevents me from participating in more energetic activities (i.e. sports, dancing, etc.)
- D. Pain prevents me from going out very often
- E. Pain has restricted my social life to my home
- F. I have hardly any social life because of my pain

TRAVELING

- A. I can travel anywhere without increased pain
- B. I can travel anywhere but it increases my pain
- C. My pain restricts travel over 2 hours
- D. My pain restricts my travel over 1 hour
- E. My pain restricts my travel to necessary journeys under ½ hour
- F. My pain prevents all travel except for visits to the doctor

EMPLOYMENT/HOMEMAKING

- A. My normal homemaking/job activities do not cause pain
- B. My normal homemaking/job activities increase my pain but I can still perform all that is required of me
- C. I can perform most of my homemaking/job duties but pain prevents me from performing more physically stressful activities (ex. lifting, vacuuming)
- D. Pain prevents me from doing anything but light duties
- E. Pain prevents me from doing even light duties
- F. Pain prevents me from performing any job/homemaking chores

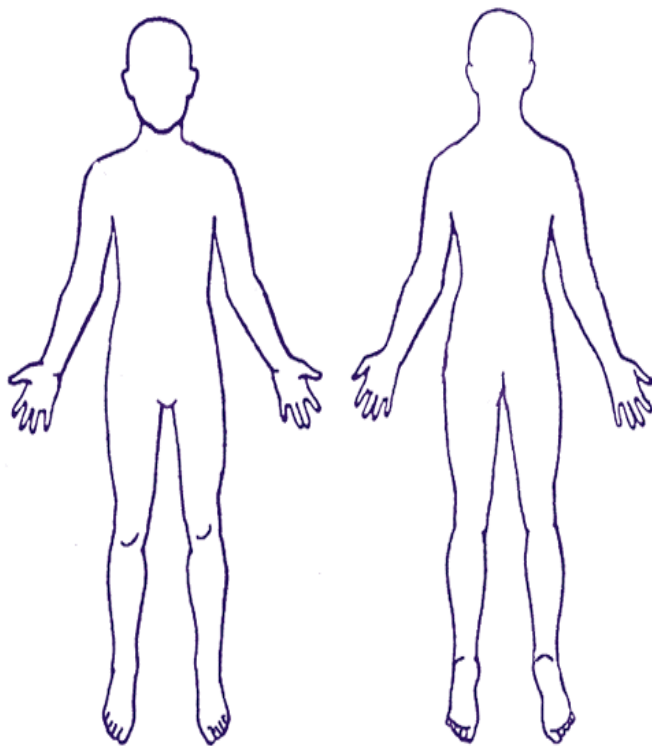
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Tell us where you hurt:

Mark the areas on your body where you feel pain. If your pain radiates, draw an arrow from where it starts to where it stops. Use the symbols listed below.

Ache >>>> Burning XXXX Numbness ===== Stabbing //// Pins/Needles 0000 Throbbing ~~~~



SYMPTOM RATING SCALE

Instructions: Please circle the number that best describes your symptoms in each of the questions below.

What is your symptom intensity **RIGHT NOW**?

0 1 2 3 4 5 6 7 8 9 10

no symptoms

unbearable symptoms

What is your **TYPICAL** symptom intensity?

0 1 2 3 4 5 6 7 8 9 10

no symptoms

unbearable symptoms

What is your symptom intensity **AT ITS WORST**?

0 1 2 3 4 5 6 7 8 9 10

no symptoms

unbearable symptoms

How often are your symptoms present? (Please circle)

0 – 25% 26 – 50% 51 – 75% 76 – 100%

In the past week, how much has your pain interfered with your daily activities?

0 1 2 3 4 5 6 7 8 9 10

no interference

unable to carry out activities