For use with <u>Neck and/or Back Problems</u> only.

In order to properly assess your condition, we must understand how much your neck and/or back problems have affected your ability to manage everyday activities. For each item below, please circle the number which most closely describes your condition right now.

1. Pain Intensi	ty				6. Recreation				
0	1	2	3	4	0	1	2	3	4
No	l Mild	I Moderate	Severe	Worst	Can do	Can do	Can do	Can do	Cannot
pain	pain	pain	pain	possible	all	most	some	a few	do any
1	F	F	F	pain	activities	activities	activities	activities	activities
2. Sleeping				-	7. Frequency of	nain			
0	1	2	3	4			2	3	4
Perfect	I Mildly	I Moderately	Greatly	Totally					
sleep	disturbed	disturbed	disturbed	disturbed	No	Occasional	Intermittent	Frequent	Constant
sieep	sleep	sleep	sleep	sleep	pain	pain;	pain;	pain;	pain;
	-	-	F	F		25% of the day	50% of the day	75% of the day	100% of the day
3. Personal Care (washing, dressing, etc.)				1.4	8. Lifting	of the day	of the day	of the day	of the day
0	1	2	3	4		1	2	3	4
No	Mild	Moderate	Moderate	Severe	No	Increased	Increased	Increased	Increased
pain;	pain;	pain; need	pain; need	pain; need	pain with	pain with	pain with	pain with	pain with
no	no	to go slowly	some	100%	heavy	heavy	moderate	light	any
restrictions	restrictions		assistance	assistance	weight	weight	weight	weight	weight
4. Travel (driv	ving, etc.)				9. Walking	C	C	C	C
0	1	2	3	4	0	1	2	3	4
No	l Mild	Moderate	Moderate	Savana	Na asia:	Insurand	Ta ana and	Incored	
pain on	pain on	pain on	pain on	Severe pain on	No pain;	Increased pain after	Increased pain after	Increased pain after	Increased pain with
long trips	long trips	long trips	short trips	short trips	any distance	1 mile	1/2 mile	1/4 mile	all
• •	8 1	8 1	I	I I I	distance	1 mile	1/2 IIIIC	17 1 11110	walking
5. Work					10. Standing				6
0	1	2	3	4	0	1	2	3	4
Can do	Can do	Can do	Can do	Cannot	No pain	Increased	Increased	Increased	Increased
usual work	usual work;	50% of	25% of	work	after	pain	pain	pain	pain with
plus unlimited	no extra	usual	usual		several	after several	after	after	any
extra work	work	work	work		hours	hours	1 hour	1/2 hour	standing
Name				ID#/SS#		Plan ID		Total Score	
	PRINTED								
		Signature			Date		© 1999-2001 1	Institute of Evidence-E	Based Chiropractic