Patient:____________________ File#______________ Date______________

PLEASE MARK AREAS OF DISCOMFORT

	Pain		Numb.		Tingling	
Head	☐		☐		☐	
Neck	☐		☐		☐	
Upper Back	☐		☐		☐	
Mid Back	☐		☐		☐	
Lower Back	☐		☐		☐	
	R	L	R	L	R	L
Shoulder						
Arm						
Elbow						
Forearm						
Wrist						
Hand						
Hip						
Thigh						
Knee						
Leg						
Ankle						
Foot						

SPINAL DISABILITY INDEX

How bad are your symptoms at their worst?
0 1 2 3 4 5 6 7 8 9 10
None, Mild, Moderate, Severe, Extreme

How bad are your symptoms at their best?
0 1 2 3 4 5 6 7 8 9 10
none, mild, moderate, severe, extreme

Frequency Of Symptoms
0 1 2 3 4 5 6 7 8 9 10
None, 25% of the day, 50% of the day, 75% of the day, Constant 100%

Sitting
0 1 2 3 4 5 6 7 8 9 10
no trouble sitting, can't sit more than 1 hour, can't sit more than ½ hour, can't sit more than 10 minutes, Avoid sitting altogether

Walking
0 1 2 3 4 5 6 7 8 9 10
no pain while walking, some pain after walking, increased pain after 1 hour, increased pain after ½ hour, increased pain after any walking

Standing
0 1 2 3 4 5 6 7 8 9 10
no pain after sev. hours, increased after sev. hours, increased after 1 hour, increased after ½ hour, increased after any standing

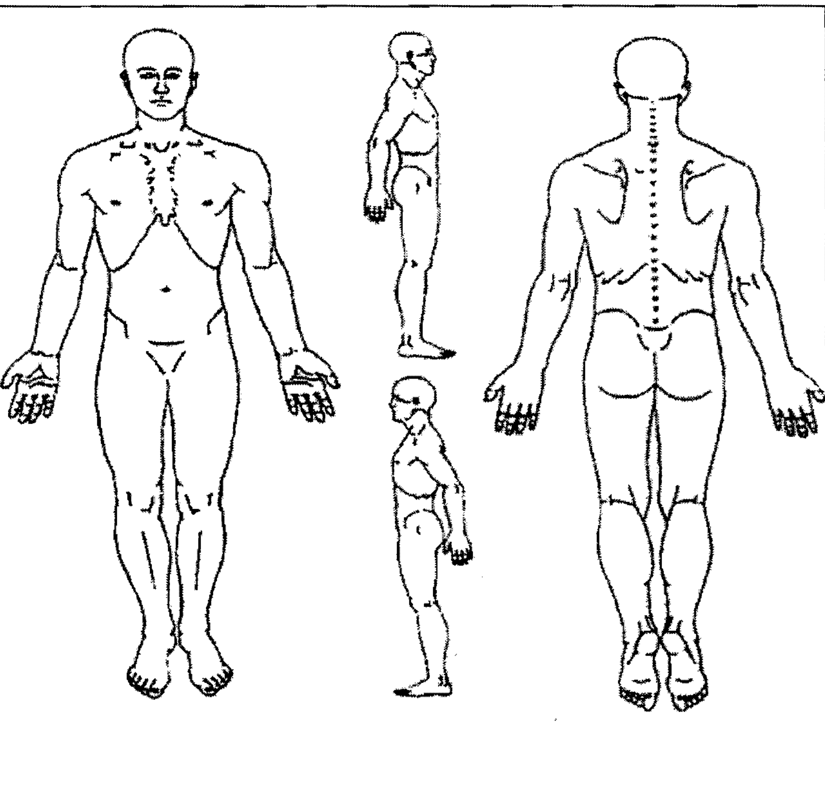
Sleeping
0 1 2 3 4 5 6 7 8 9 10
no trouble sleeping, less than 1 hour sleepless, 1-3 hours sleepless, 3-6 hours sleepless, over 5 hours sleepless

Work
0 1 2 3 4 5 6 7 8 9 10
can do usual work, can do 75% usual work, can do 50% usual work, can do 25% usual work, cannot work

Recreation
0 1 2 3 4 5 6 7 8 9 10
can do all activities, can do most activities, can do some activities, can do a few activities, cannot do any activities

Changing degree of pain
0 1 2 3 4 5 6 7 8 9 10
getting much better, getting slightly better, not changing, getting slightly worse, getting much worse

VAS-W	VAS-B	SDI



Using the symbols given, mark the areas on your body where you feel the described symptoms.
To complete the picture, draw a face on our model.

Aching=+++++++	Pins & Needles= ////////////
Numbness= ══════	Stabbing= ^^^^^^^^^^
Burning= xxxxxx	Other= 0000000

Ballenger Chiropractic, P.A. 9632 Deerco Road Timonium, Maryland 21093 (410) 252-1000

NECK DISABILITY INDEX QUESTIONNAIRE

Patient's Name: ______________________________ **Today's Date:** ____/____/____

Instructions: This questionnaire has been designed to give your doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section with the ONE answer that applies best to you. We realize you may consider that two of the statements in any one section relate to you; but please mark the answer that most closely describes your problem.

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.

Lifting
- ❑ I can lift heavy weights without extra pain.
- ❑ I can lift heavy weights, but it gives me extra pain.
- ❑ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- ❑ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ❑ I can lift very light weights.
- ❑ I cannot lift or carry anything at all.

Headaches
- ❑ I have no headaches at all.
- ❑ I have slight headaches, which come infrequently.
- ❑ I have moderate headaches, which come infrequently.
- ❑ I have moderate headaches, which come frequently.
- ❑ I have severe headaches, which come frequently.
- ❑ I have headaches almost all the time.

Personal Care (Washing, Dressing, etc.)
- ❑ 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 help every day in most aspects of self-care.
- ❑ I need some help every day in most aspects of self-care.
- ❑ I do not get dressed, I wash with difficulty and stay in bed.

Reading
- ❑ I can read as much as I want with no pain in my neck.
- ❑ I can read as much as I want with slight pain in my neck.
- ❑ I can read as much as I want with moderate pain in my neck.
- ❑ I can't read as much as I want because of moderate pain in my neck.
- ❑ I can hardly read at all because of severe pain in my neck.
- ❑ I cannot read at all because of severe pain in my neck.

Concentration
- ❑ I can concentrate fully when I want with no difficulty.
- ❑ I can concentrate fully when I want with slight difficulty.
- ❑ I have a fair degree of difficulty in concentrating when I want.
- ❑ I have a lot of difficulty in concentrating when I want.
- ❑ I have a great deal of difficulty in concentrating when I want.
- ❑ I cannot concentrate at all.

Work
- ❑ I can do as much work as I want.
- ❑ I can only do my usual work, but no more.
- ❑ I can do most of my usual work, but no more.
- ❑ I cannot do my usual work.
- ❑ I can hardly do any work at all.
- ❑ I can't do any work at all.

Sleeping
- ❑ I have no trouble sleeping.
- ❑ My sleep is slightly disturbed (less than 1 hr. sleepless).
- ❑ My sleep is mildly disturbed (1 – 2 hr's. sleepless).
- ❑ My sleep is moderately disturbed (2 – 3 hr's. sleepless).
- ❑ My sleep is greatly disturbed (3 – 5 hr's. sleepless).
- ❑ My sleep is completely disturbed (5 – 7 hr's. sleepless).

Driving
- ❑ I can drive my car without any neck pain.
- ❑ I can drive my car as long as I want with slight pain in my neck.
- ❑ I can drive my car as long as I want with moderate pain in my neck.
- ❑ I can't drive my car as long as I want because of moderate pain in my neck.
- ❑ I can hardly drive at all because of severe pain in my neck.
- ❑ I can't drive my car at all.

Recreation
- ❑ I am able to engage in all my recreational activities with no neck pain at all.
- ❑ I am able to engage in all my recreational activities with some pain in my neck.
- ❑ I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.
- ❑ I am able to engage in a few of my usual recreational activities because of pain in my neck.
- ❑ I can hardly do any recreational activities because of pain in my neck.
- ❑ I can't do any recreational activities at all.

Patient's Signature: ______________________________

DOCTOR Last Name: Ballenger **First:** David **MI:** J

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REVISED OSWESTRY LOW BACK PAIN QUESTIONNAIRE

Patient's Name: ______________________________ **Today's Date:** _____/_____/_____

Instructions: This questionnaire has been designed to give your doctor information as to how your low back pain has affected your ability to manage everyday life. Please answer every section and mark in each section the ONE answer that applies to you best. We realize you may consider that two of the statements in any one section relate to you; but please mark the answer that most closely describes your problem.

Pain Intensity
- ❑ The pain comes and goes and is very mild.
- ❑ The pain is mild and does not vary much.
- ❑ The pain comes and goes and is moderate.
- ❑ The pain is moderate and does not vary much.
- ❑ The pain comes and goes and is severe.
- ❑ The pain is severe and does not vary much.

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

Sitting
- ❑ I can sit in any chair as long as I like without pain.
- ❑ I can only sit in my favorite chair as long as I like.
- ❑ Pain prevents me from sitting more than one hour.
- ❑ Pain prevents me from sitting more than ½ hour.
- ❑ Pain prevents me from sitting more than ten minutes.
- ❑ Pain prevents me from sitting at all.

Personal Care (Washing, Dressing, etc.)
- ❑ I do not have to change my way of washing or dressing in order to avoid pain.
- ❑ I do not normally change my way of washing or dressing even though it causes some pain.
- ❑ Washing and dressing increases the pain, but I manage not to change my way of doing it.
- ❑ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ❑ Because of the pain, I am unable to do some washing and dressing without help.
- ❑ Because of the pain, I am unable to do any washing or dressing without help.

Walking
- ❑ Pain does not prevent me from walking any distance.
- ❑ Pain prevents me from walking more than one mile.
- ❑ Pain prevents me from walking more than ½ mile.
- ❑ Pain prevents me from walking more than ¼ mile.
- ❑ I can only walk while using a cane or on crutches.
- ❑ I am in bed most of the time and have to crawl to the toilet.

Standing
- ❑ I can stand as long as I want without pain.
- ❑ I have some pain while standing, but it does not increase with time.
- ❑ I cannot stand for longer than one hour without increasing pain.
- ❑ I cannot stand for longer than ½ hour without increasing pain.
- ❑ I cannot stand for longer than ten minutes without increasing pain.
- ❑ I avoid standing because it increases the pain straight away.

Sleeping
- ❑ I get no pain in bed.
- ❑ I get pain in bed, but it does not prevent me from sleeping well.
- ❑ Because of pain, my normal night's sleep is reduced by less than one-quarter.
- ❑ Because of pain, my normal night's sleep is reduced by less than one-half.
- ❑ Because of pain, my normal night's sleep is reduced by less than three-quarters.
- ❑ Pain prevents me from sleeping at all.

Traveling
- ❑ I get no pain while traveling.
- ❑ I get some pain while I travel, but none of my usual forms of travel make it any worse.
- ❑ I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- ❑ I get extra pain while traveling which compels me to seek alternative forms of travel.
- ❑ Pain restricts all forms of travel.
- ❑ Pain prevents all forms of travel except that done lying down.

Social Life
- ❑ My social life is normal and gives me no pain.
- ❑ My social life is normal, but increases the degree of my pain.
- ❑ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- ❑ Pain has restricted my social life and I do not go out very much.
- ❑ I have hardly any social life because of the pain.
- ❑ I can't drive my car at all because of the pain.

Changing Degree of Pain
- ❑ My pain is rapidly getting better.
- ❑ My pain fluctuates, but overall is definitely getting better.
- ❑ My pain seems to be getting better, but improvement is slow at present.
- ❑ My pain is neither getting better nor worse.
- ❑ My pain is gradually worsening.
- ❑ My pain is rapidly worsening.

Patient's Signature: ______________________________

DOCTOR Last Name: Ballenger **First:** David **MI:** J

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