

If the following apply to you, please check the appropriate boxes:

For Neck Pain	For Back Pain
<input type="checkbox"/> a. 100% neck pain; 0% arm pain	<input type="checkbox"/> a. 100% back pain; 0% leg pain
<input type="checkbox"/> b. 75% neck pain; 25% arm pain	<input type="checkbox"/> b. 75% back pain; 25% leg pain
<input type="checkbox"/> c. 50% neck pain; 50% arm pain	<input type="checkbox"/> c. 50% back pain; 50% leg pain
<input type="checkbox"/> d. 25% neck pain; 75% arm pain	<input type="checkbox"/> d. 25% back pain; 75% leg pain
<input type="checkbox"/> e. 0% neck pain; 100% arm pain	<input type="checkbox"/> e. 0% back pain; 100% leg pain

How often do you have to stop your activities and sit down or lie down to control your pain?

- occasionally
 approximately once per day
 several times per day
 I spend almost all day lying or sitting to control my pain

Mark with an "x" by the worst and best times of day for your pain:

- | <u>Worst</u> | <u>Best</u> |
|--|--|
| <input type="checkbox"/> first awakening | <input type="checkbox"/> first awakening |
| <input type="checkbox"/> morning | <input type="checkbox"/> morning |
| <input type="checkbox"/> noon | <input type="checkbox"/> noon |
| <input type="checkbox"/> afternoon | <input type="checkbox"/> afternoon |
| <input type="checkbox"/> evening | <input type="checkbox"/> evening |
| <input type="checkbox"/> night time | <input type="checkbox"/> night time |

Any time of day not in pain? _____

Patient Functions

How do the following affect your pain? ↓ for decreases, ↑ for increases, ∅ no difference; X don't know.

- | | | | |
|-----------|-------------|----------------|------------------|
| waking | pushing | sleeping | medication |
| sitting | pulling | exercise | alcohol |
| standing | reaching up | sneezing | dressing |
| reclining | stairs up | coughing | personal hygiene |
| bending | stairs down | bowel movement | preparing meals |
| turning | fatigue | lift >20 lbs | housework |
| | stress | | yard work |

other _____

Prior to this injury - my general health was good, fair, poor

- in the present area of injury the pain level was none minimal slight moderate marked

- in the present area of injury I could perform all most none of the functions of daily living

Please fill out the enclosed:

- PAIN DIAGRAM
 DALLAS PAIN QUESTIONNAIRE
 NECK DISABILITY INDEX
 OSWESTRY QUESTIONNAIRE