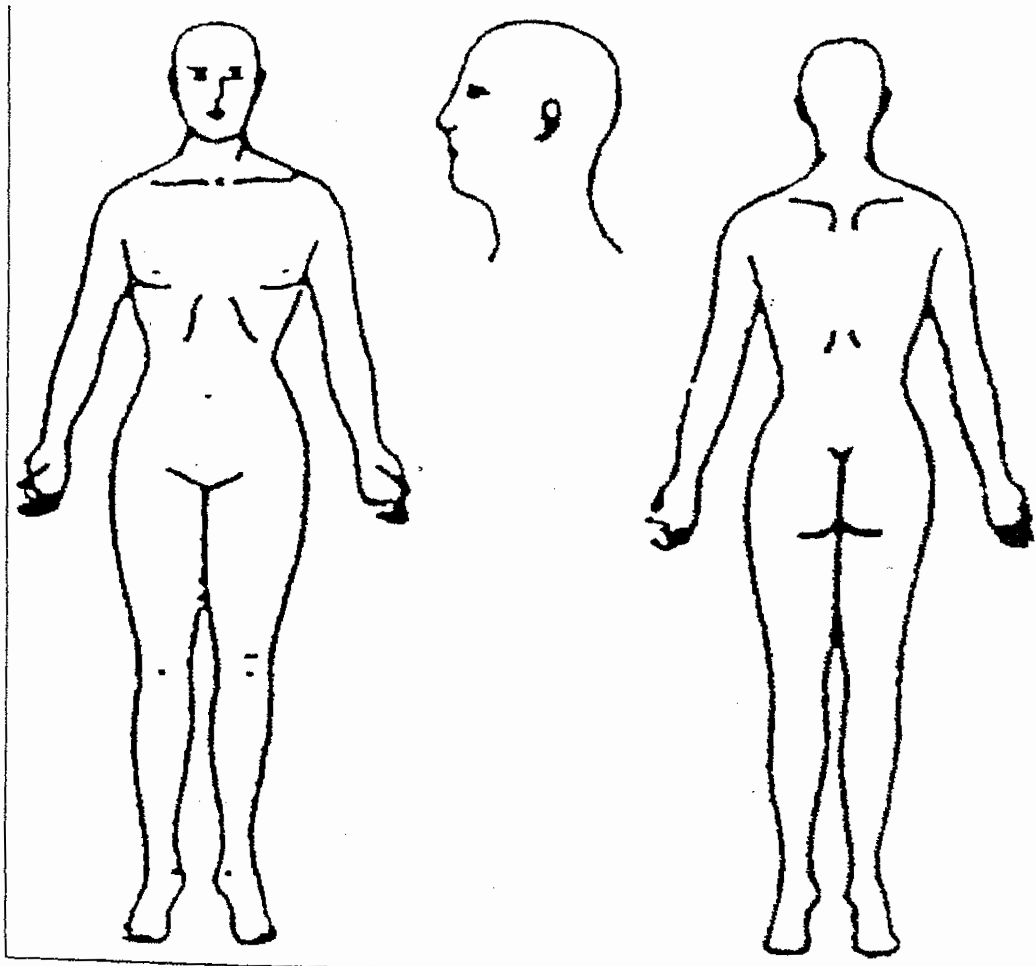
SYMPTOM DIAGRAM

Name ______________________________ Number __________ Date ______________

Please be sure to fill this form out extremely accurately. Mark the area(s) on your body where you feel the described sensation(s). Use the appropriate symbol(s). Mark areas of radiating pain, and include all affected areas. You may draw on the face as well.

Aches ΛΛΛΛ   Numbness oooo   Pins/Needles ●●●●   Burning xxxx   Stabbing ////



Reference: Randsford. Spine, Vol. 1, No 2, June 1976

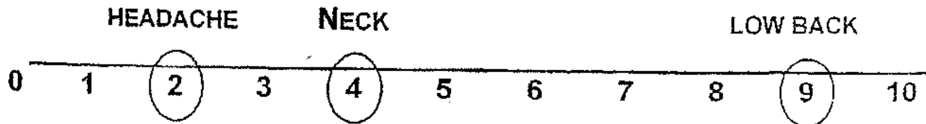
QUADRUPLE VISUAL ANALOGUE SCALE

Name ______________________________ Number __________ Date ______________

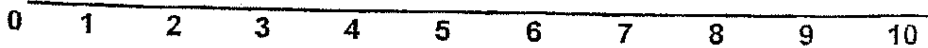
INSTRUCTIONS: Please circle the number that best describes the question being asked.

NOTE: If you have more than one complaint, please answer each question for each Individual complaint and indicate which score is for which complaint.

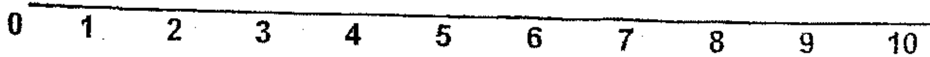
EXAMPLE:



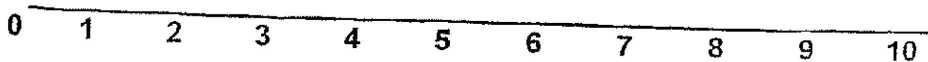
1. What is your pain RIGHT NOW?



2. What is your TYPICAL or AVERAGE pain?

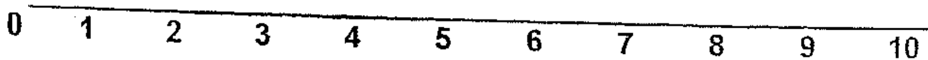


3. What is your pain AT ITS BEST (How close to "0" does your pain get at its best)?



What percentage of your awake hours is your pain at its best? ______%

4. What is your pain AT ITS WORST (How close to "10" does your pain get at its worst)?



What percentage of your awake hours is your pain at its worst? ______%

Reference: Thomeé R., Grimby G., Wright B.D., Linacre J.M. (1995) Rasch analysis of Visual Analog Scale. *Scandinavian Journal of Rehabilitation Medicine* 27, 145-151.

Henderson Wellness Center, PA
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2nd PROGRESS EVALUATION

1. Describe the innate intelligence.

   ____

2. What causes vertebral subluxation?

   ____

3. How can a vertebral subluxation interrupt the work of innate intelligence?

   ____

4. How often can vertebral subluxation recur in a person's life?

   ____

5. What cells and tissues in the body are often under the direct influence of the "Master Nervous System"?

   ____

6. T or F Children under 5 and adults over 65 should not receive chiropractic care
7. T or F Stress from school or work is traumatic enough to cause shift in the spinal cord.
8. T or F Generally speaking, we should get healthier every year we are alive.
9. Please put the following in order of importance.

   Nutrition — Exercise — Rest
   Healthy Nervous System — Mental stimulation — Loving relationship

10. Which one of the above is important week by week throughout life?

PHONE: **252-430-8000** • FAX: **252-430-8200**

11. How many times a week do you do your prescribed exercises?

None   1-2 days   3-5 days   daily   2 times/day

12. How many times a week are you doing your cervical extension traction?

None   1-2 days   3-5 days   daily   2 times/day

Patient's Name______________________________ Number__________ Date______________

NECK DISABILITY INDEX

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the box which MOST CLOSELY 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 (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 some help but manage most of my personal care.
☐ I need help every day in most aspects of self care.
☐ I do not get dressed, I 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 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.

Section 4 – Reading

☐ I can read as much as I want to with no pain in my neck.
☐ I can read as much as I want to with slight pain in my neck.
☐ I can read as much as I want with moderate pain.
☐ 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.

Section 5-Headaches

☐ I have no headaches at all.
☐ I have slight headaches which come infrequently.
☐ I have slight headaches which come frequently.
☐ I have moderate headaches which come infrequently.
☐ I have severe headaches which come frequently.
☐ I have headaches almost all the time.

Section 6 – Concentration

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

Section 7—Work

☐ I can do as much work as I want to.
☐ 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.

Section 8 – Driving

☐ I 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 my car at all because of severe pain in my neck.
☐ I can't drive my car at all.

Section 9 – Sleeping

☐ I have no trouble sleeping.
☐ My sleep is slightly disturbed (less than 1 hr. sleepless).
☐ My sleep is moderately disturbed (1-2 hrs. sleepless).
☐ My sleep is moderately disturbed (2-3 hrs. sleepless).
☐ My sleep is greatly disturbed (3-4 hrs. sleepless).
☐ My sleep is completely disturbed (5-7 hrs. sleepless).

Section 10 – Recreation

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

Comments______________________________ %ADL

Reference: Vernon, Mior. JMPT 1991; 14(7): 409-15

FORM 501

Patient's Name____ Number____________ Date______________

LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the box which MOST CLOSELY describes your problem.**

Section 1 - Pain Intensity

- ☐ I can tolerate the pain without having to use painkillers.
- ☐ The pain is bad but I can manage without taking painkillers.
- ☐ Painkillers give complete relief from pain.
- ☐ Painkillers give moderate relief from pain.
- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them.

Section 2 -- 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 some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self care.
- ☐ I do not get dressed, I 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 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.

Section 4 – 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 one-half mile.
- ☐ Pain prevents me from walking more than one-quarter mile
- ☐ I can only walk using a stick or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

Section 5 -- Sitting

- ☐ I can sit in any chair as long as I like
- ☐ 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 30 minutes.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting almost all the time.

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 extra pain.
- ☐ Pain prevents me from standing more than 1 hour.
- ☐ Pain prevents me from standing more than 30 minutes.
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 -- Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep well only by using tablets.
- ☐ Even when I take tablets I have less than 6 hours sleep.
- ☐ Even when I take tablets I have less than 4 hours sleep.
- ☐ Even when I take tablets I have less than 2 hours sleep.
- ☐ Pain prevents me from sleeping at all.

Section 8 – 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. dancing.
- ☐ 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 9 – Traveling

- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I manage journeys over 2 hours.
- ☐ Pain is bad but I manage journeys less than 1 hour.
- ☐ Pain restricts me to short necessary journeys under 30 minutes.
- ☐ Pain prevents me from traveling except to the doctor or hospital.

Section 10 – 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 the present.
- ☐ My pain is neither getting better nor worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.

Comments____

Reference: Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), Back Pain New Approaches To Rehabilitation & Education. Manchester Univ Press, Manchester 1989: 187-204

The Neck Bournemouth Questionnaire

NAME ______________________________ DATE ___________ AGE ________

The following scales have been designed to find out about your neck pain and how it is affecting you. Please answer ALL the scales by circling ONE number on EACH scale that best describes how you feel:

1. Over the past week, on average, how would you rate your neck pain?

   No pain ... Worst pain possible
   0 1 2 3 4 5 6 7 8 9 10

2. Over the past week, how much has your neck pain interfered with your daily activities (housework, washing, dressing, lifting, reading, driving)?

   No interference ... Unable to carry out activity
   0 1 2 3 4 5 6 7 8 9 10

3. Over the past week, how much has your neck pain interfered with your ability to take part in recreational, social, and family activities?

   No interference ... Unable to carry out activity
   0 1 2 3 4 5 6 7 8 9 10

4. Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have your been feeling?

   Not at all anxious ... Extremely anxious
   0 1 2 3 4 5 6 7 8 9 10

5. Over the past week, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, unhappy) have you been feeling?

   Not at all depressed ... Extremely depressed
   0 1 2 3 4 5 6 7 8 9 10

6. Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your neck pain?

   Have made it no worse ... Have made it much worse
   0 1 2 3 4 5 6 7 8 9 10

7. Over the past week, how much have you been able to control (reduce/help) your neck pain on your own?

   Completely control it ... No control whatsoever
   0 1 2 3 4 5 6 7 8 9 10

Bolton JE, Breen AC. The Bournemouth Questionnaire: a short-form comprehensive outcome measure. I. Psychometric properties in neck pain patients. J Manipulative Physiol Ther 1999;22:503-10

The Back Bournemouth Questionnaire

NAME ________________________ DATE __________ AGE ________

The following scales have been designed to find out about your back pain and how it is affecting you. Please answer ALL the scales by circling ONE number on EACH scale that best describes how you feel:

1. Over the past week, on average, how would you rate your back pain?

   No pain ... Worst pain possible
   0 1 2 3 4 5 6 7 8 9 10

2. Over the past week, how much has your back pain interfered with your daily activities (housework, washing, dressing, walking, climbing stairs, getting in/out of bed/chair)?

   No interference ... Unable to carry out activity
   0 1 2 3 4 5 6 7 8 9 10

3. Over the past week, how much has your back pain interfered with your ability to take part in recreational, social, and family activities?

   No interference ... Unable to carry out activity
   0 1 2 3 4 5 6 7 8 9 10

4. Over the past week, how anxious (tense, uptight, irritable, difficulty in concentrating/relaxing) have your been feeling?

   Not at all anxious ... Extremely anxious
   0 1 2 3 4 5 6 7 8 9 10

5. Over the past week, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, unhappy) have you been feeling?

   Not at all depressed ... Extremely depressed
   0 1 2 3 4 5 6 7 8 9 10

6. Over the past week, how have you felt your work (both inside and outside the home) has affected (or would affect) your back pain?

   Have made it no worse ... Have made it much worse
   0 1 2 3 4 5 6 7 8 9 10

7. Over the past week, how much have you been able to control (reduce/help) your back pain on your own?

   Completely control it ... No control whatsoever
   0 1 2 3 4 5 6 7 8 9 10

Bolton JE, Breen AC. The Bournemouth Questionnaire: a short-form comprehensive outcome measure. I. Psychometric properties in back pain patients. J Manipulative Physiol Ther 1999;22:503-10

WELLNESS QUESTIONNAIRE

Name ______________________________ Date ______________________

To help take a closer look at your overall wellness, please answer the following questions. By rating your responses, we can determine your perceived level of wellness. Read each question carefully. After you answer all the questions, we will tally your results and will identify your strengths and weaknesses to help you target areas of wellness in which you wish to improve.

1. I exercise in aerobic and/or strength training activities:
- ❑ Always to usually (5-7 days/week) (3)
- ❑ Often (3-4 days/week) (2)
- ❑ Rarely to never (0-2 days/week) (1)

2. When I exercise I do so for:
- ❑ 30-45 minutes (3)
- ❑ 15-29 minutes (2)
- ❑ 15 minutes (1)

3. I consider myself to be in
- ❑ Good physical shape. (3)
- ❑ Fair physical shape. (2)
- ❑ Poor physical shape. (1)

4. Stretching is a routine part of my exercise program:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

5. My friends and family support my efforts to exercise regularly:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

6. I know my exercise target heart rate and exercise within my target zone:
- ❑ Yes (3)
- ❑ No (0)

Column 1 Score ____________

7. I start my day with a well-balanced meal:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

8. I eat at least 5 fruits/vegetables:
- ❑ Daily (3)
- ❑ 3-5 times/week (2)
- ❑ Once/week (1)

9. I consume sugar and sweets:
- ❑ Once per week (3)
- ❑ 3-5 times per week (2)
- ❑ Daily (0)

10. I drink an average of ____ 8-ounce glasses of water per day:
- ❑ 7 or more (3)
- ❑ 4 – 6 (2)
- ❑ 3 or less (1)

11. I consume all of my calories before 8:00 PM:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

12. I limit my salt intake by not salting my food at the table:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

13. I eat at fast food restaurants:
- ❑ 0-1 time/week (3)
- ❑ 2-4 times/week (2)
- ❑ 5-7 times/week (0)

Column 2 Score ____________

14. I am happy with myself:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

15. I find it easy to make decisions:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

16. I can say "no" without feeling guilty:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

17. I include relaxation time as part of my daily routine:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

18. When I make mistakes, I learn from them.
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

19. I accept responsibility for my actions:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

20. I accept responsibility for creating my own feelings:
- ❑ Always to usually (3)
- ❑ Often (2)
- ❑ Rarely to never (1)

Column 3 Score ____________

Overall Score ____________

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