

Pain Management - Patient Questionnaire – Please fill out Oswestry form at back of packet that corresponds to your area of pain (Neck or Back)

NAME: _____

DOB: _____

Height: _____

Weight: _____

WORK HISTORY

1. What is your occupation? _____
2. Are you working now? _____
3. If not currently working how long have you been off? _____
4. Are you currently in the process of trying to obtain compensation (disability income)?
() Yes () No
5. Are you involved in any litigation (are you suing anyone) related to your pain?
() Yes () No
6. Have you had to be off work for pain in the past?
() Yes () No For how long? _____

PAIN HISTORY

1. When did your present episode of pain begin? _____ Year _____ Month _____ Day
2. Describe the pain in your own words _____
3. What makes it worse? _____
4. What makes it better? _____
5. Have you seen pain management before or had any previous treatment for your pain?

MEDICAL HISTORY

1. Are you allergic to any medications? () Yes () No
If so, list: _____

2. Do you smoke? () Yes () No
If yes, number of packs per day: _____
How long have you smoked? _____
3. Do you drink alcoholic beverages? () Yes () No
How many drinks per day: _____ or per week: _____?
4. Have you had any surgeries? () Yes () No
Please list operations and approximate dates:

PAIN DESCRIPTION

6. Check to describe the pattern of your pain

- Brief
- Constant
- Continuous
- Intermittent
- Momentary
- Periodic
- Rhythmic
- Steady
- Transient

7. Check which best describes the type of pain

- Aching
- Burning
- Cramping
- Crushing
- Gnawing
- Numbness
- Pounding
- Pulling
- Sharp
- Shooting
- Stabbing
- Tender
- Throbbing
- Tingling

8. On a scale if 0-10, 0 represents no pain and 10 the very worst.....

How would you score your pain today? _____ 1-10

What is your daily average pain? _____ 1-10

How would you score your worst pain from this injury? _____ 1-10

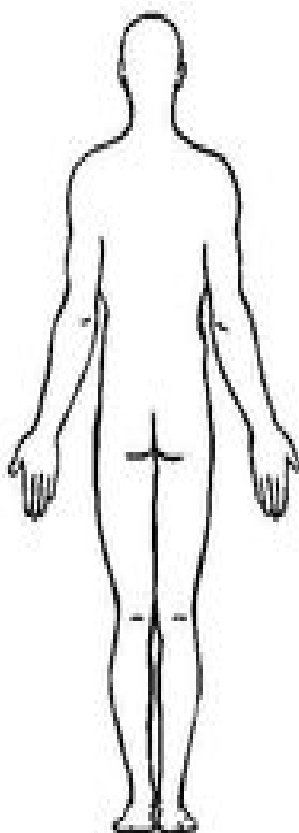
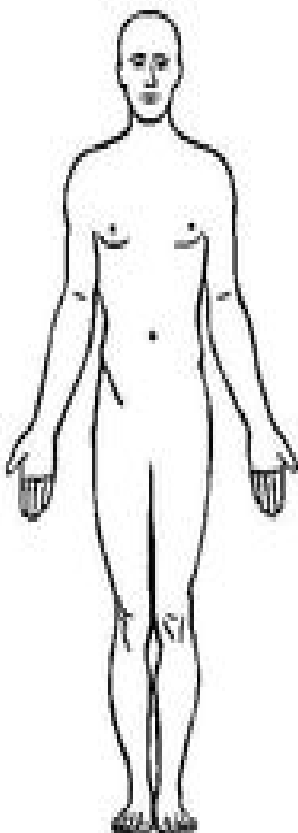
9. Please mark the areas on your body where you feel the described sensations. Use the appropriate symbol.

Numbness -----

Pins & Needles OOOO

Burning XXXX

Stabbing ////



Oswestry Back Disability Index

Answer each section by circling only one number that most closely describes your present-day situation and/or problem.

Section 1 – Pain Intensity

- 0 The pain comes and goes and is very mild
- 1 The pain is mild and does not vary much
- 2 The pain comes and goes and is moderate
- 3 The pain is moderate and does not vary much
- 4 The pain comes and goes and is very severe
- 5 The pain is severe and does not vary much

Section 2 – Personal Care

- 0 I would not have to change my way of washing or dressing in order to avoid pain
- 1 I do not normally change my way of washing or dressing, even though it causes some pain
- 2 Washing and dressing increases pain, but I manage not to change my way of doing it
- 3 Washing and dressing increases the pain and I find it necessary to change my way of doing it
- 4 Because of the pain, I am unable to do some washing and dressing without help
- 5 Because of the pain, I am unable to do any washing and dressing without help

Section 3 – Lifting

- 0 I can lift heavy weights without extra pain
- 1 I can lift heavy weights, but it causes extra pain
- 2 Pain prevents me from lifting heavy weights but I manage if they are positioned conveniently
- 3 Pain prevents me from lifting heavy weights
- 4 Pain prevents me from lifting heavy weights, but I can manage light to medium
- 5 I can only lift very light weights at most

Section 4 – Walking

- 0 I have no pain on walking
- 1 I have some pain on walking, but it does not increase with distance
- 2 I can not walk more than 1 mile without pain
- 3 I can not walk more than ½ mile without pain
- 4 I can not walk more than ¼ mile without pain
- 5 I can not walk at all without pain

Section 5 – Sitting

- 0 I can sit in any chair as long as I'd like
- 1 I can only sit in my favorite chair
- 2 Pain prevents me from sitting more than 1 hour
- 3 Pain prevents me from sitting more than ½ hour
- 4 Pain prevents me from sitting more than 10 minutes
- 5 I avoid sitting because it increases pain right away

1-10 minimal disability

11-20 moderate disability

21-30 severe disability

Score: _____

31-40 crippled/incapacitated

40-50 bed bound

Section 6 – Standing

- 0 I can stand as long as I want without pain
- 1 I have some pain standing, but it does not increase with time
- 2 I can not stand for longer than 1 hour
- 3 I can not stand for longer than ½ hour
- 4 I can not stand for longer than 10 minutes
- 5 I avoid standing because it increases the pain right away

Section 7 – Sleeping

- 0 I get no pain in bed
- 1 I get pain in bed but it does not prevent me from sleeping
- 2 My normal night sleep is reduced by ¼ because of pain
- 3 My normal night sleep is reduced by ½
- 4 My normal night sleep is reduced by ¾
- 5 Pain prevents me from sleeping

Section 8 – Social Life

- 0 My social life is normal and gives me no pain
- 1 My social life is normal but gives me some pain
- 2 Pain has no significant effect on my social life, apart from my more energetic interests
- 3 Pain has restricted my social life occasionally
- 4 Pain has restricted my social life to my home
- 5 I hardly have any social life because of pain

Section 9 – Traveling

- 0 I get no pain while traveling
- 1 I get some pain while traveling but my normal forms of travel do not make it worse
- 2 I get extra pain while traveling, but do not seek alternative forms of travel
- 3 I get extra pain when traveling and seek alternative forms of travel
- 4 Pain restricts me from all forms of travel
- 5 I can only travel laying down due to pain

Section 10 – Changing Degree of Pain

- 0 My pain is rapidly getting better
- 1 My pain fluctuates but is getting better
- 2 My pain seems to be getting better but it's slow
- 3 My pain is the same
- 4 My pain is gradually worsening
- 5 My pain is rapidly worsening

Patient Label

Oswestry Neck Disability Index

Answer each section by circling only one number that most closely describes your present-day situation and/or problem.

Section 1 – Pain Intensity

- 0 I have no pain
- 1 The pain is mild
- 2 The pain is moderate
- 3 The pain is fairly severe
- 4 The pain is very severe
- 5 The pain is the worst imaginable

Section 2 – Personal Care

- 0 I can look after myself without extra pain
- 1 I can look after myself, but it causes extra pain
- 2 It is painful to look after myself, I am slow and careful
- 3 I need some help but manage most of my care
- 4 I need help every day in most aspects of my care
- 5 I don't get dressed, I was with difficulty and stay in bed

Section 3 – Lifting

- 0 I can lift heavy weights without extra pain
- 1 I can lift heavy weights, but it causes extra pain
- 2 Pain prevents me from lifting heavy weights but I manage if they are positioned conveniently
- 3 Pain prevents me from lifting heavy weights, but I can lift light to medium weights
- 4 I can only lift very light weights
- 5 I can not lift or carry anything at all

Section 4 – Reading

- 0 I can read with no pain in my neck
- 1 I can read with slight pain in my neck
- 2 I can read with moderate pain in my neck
- 3 I can't read as much as I'd like because of the pain
- 4 I can hardly read at all because of the severe pain
- 5 I can not read at all

Section 5 – Headaches

- 0 I have no headaches at all
- 1 My headaches are mild and infrequent
- 2 My headaches are moderate and infrequent
- 3 I have frequent moderate headaches
- 4 I have severe headaches that come frequently
- 5 I have headaches almost all the time

Section 6 – Concentration

- 0 I can concentrate fully with no difficulty
- 1 I can concentrate fully with slight difficulty
- 2 I have a fair degree of difficulty concentrating
- 3 I have a lot of difficulty concentrating
- 4 I have a great deal of difficulty concentrating
- 5 I can not concentrate at all

Section 7 – Work

- 0 I can do as much work as I want to
- 1 I can only do my usual work, no more
- 2 I can do most of my usual work
- 3 I can't do my usual work
- 4 I can hardly do any work at all
- 5 I can't do any work at all

Section 8 – Driving

- 0 I can drive my car without any neck pain
- 1 I can drive my car with slight neck pain
- 2 I can drive my car with moderate neck pain
- 3 I can't drive as much as I want to because of my moderate neck pain
- 4 I can't hardly drive at all because of severe neck pain
- 5 I can't drive at all

Section 9 – Sleeping

- 0 I have no trouble sleeping
- 1 Slight disturbance - less than 1 hour of sleeplessness
- 2 Mild disturbance - 1-2 hours of sleeplessness
- 3 Moderate disturbance – 2-3 hours of sleeplessness
- 4 Greatly disturbance – 3-5 hours of sleeplessness
- 5 Completely disturbance – 5-7 hours of sleeplessness

Section 10 – Recreation

- 0 I am able to engage in all my recreation activities with no neck pain
- 1 I am able to engage in all my recreation activities with some neck pain
- 2 I am able to engage in most recreation activities but not all of my activities because of my pain
- 3 I can only engage in a few of my recreation activities because of my neck pain
- 4 I can hardly do any recreation activities
- 5 I can't participate in any recreation activities

- 1-10 minimal disability
- 11-20 moderate disability
- 21-30 severe disability
- 31-40 crippled/incapacitated
- 40-50 bed bound

Score: _____

Patient Label