## 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
I 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
	pam	pani	pani	pain	activities	activities	activities	activities	activities
2. Sleeping				puili	7				
0	1	2	3	4	7. Frequency of $1_0$		1.2	3	4
Perfect	I Mildly	I Moderately	Greatly	Totally					
sleep	disturbed	disturbed	disturbed	disturbed	No	Occasional	Intermittent	Frequent	Constant
sicep	sleep	sleep	sleep	sleep	pain	pain;	pain;	pain;	pain;
	•	-	sieep	sieep		25%	50%	75%	100%
3. Personal Care (washing, dressing, etc.)					8. Lifting	of the day	of the day	of the day	of the day
0	1	2	3	4		11	12	3	4
I No	l Mild	 Moderate	I Moderate	Severe	0	1	2	5	·
pain;	pain;	pain; need	pain; need	pain; need	No	Increased	Increased	Increased	Increased
no	no	to go slowly	some	100%	pain with	pain with	pain with	pain with	pain with
restrictions	restrictions	to go slowly	assistance	assistance	heavy	heavy	moderate	light	any
restrictions	restrictions		assistance	assistance	weight	weight	weight	weight	weight
4. Travel (driv	ving, etc.)				9. Walking				
0	1	2	3	4	0	1	2	3	4
No	Mild	Moderate	Moderate	Severe	No pain;	Increased	Increased	Increased	Increased
pain on	pain on	pain on	pain on	pain on	any	pain after	pain after	pain after	pain with
long trips	long trips	long trips	short trips	short trips	distance	1 mile	1/2 mile	1/4 mile	all
5. Work					10 0/ 1				walking
	11	12	3	La	10. Standing	Ι.	1.		Ι.
0		2			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								Total Score	
PRINTED							1st follow-up: E-B info		
	Signature				Date	<b>e</b> © 1999-2001 Institute of			ased Chiropractic

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