

We need this information to best understand what is happening with your back. Please fill these forms out in their entirety before we talk. This will help me do a better job in evaluating your health.

Please try to answer all questions on these sheets.

Name: _____ Date: _____

1. LEVEL OF ACTIVITY

(check all those that apply)

- Able to do desired activity
- Able to do nonessential activity
- Able to do job
- Able to do light housework
- Able to do personal care

I am doing productive things _____ hours a day, doing:

_____ (Include housework, etc.)

I am lying down _____ hours per day (Include sleep)

I plan to return to work part-time full-time

Date: _____

I am working part-time full time

2. PAIN SCALE

DISCOMFORT				PAIN							
1	2	3	4	5	6	7	8	9	10		
NO DISCOMFORT				MILD PAIN						SUICIDAL PAIN	

Choose and record one of the above numbers for each of the below categories:

- | | | |
|--|---|--------------------|
| _____ BACK pain at this instant | _____ LEG pain at this instant | OTHER: pain: _____ |
| _____ Worst back pain in the last 7 days | _____ Worst leg pain in the last 7 days | _____ Now |
| _____ Least back pain in the last 7 days | _____ Least leg pain in the last 7 days | _____ Worst |
| | | _____ Least |

3. CURRENT TREATMENT STATUS (answer below if more is necessary)

Bracing: Type of bracing and number of hours worn each day _____

Medicine: Check any taken and write in dose and times taken per day

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Naprosyn 500 BID | <input type="checkbox"/> Sinequan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vistaril | <input type="checkbox"/> Aspirin | _____ |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Tylenol 650 QID | _____ |

Exercise: Name and number per day, days per week _____

Swimming or Jogging: Number of laps/time and frequency _____

Nautilus: Largest machine weight _____ Least machine weight _____ Other: _____

4. PRESENT NUMBNESS

- none
- same as last month
- better, but remains in _____
- worse, now includes _____

5. PRESENT WEAKNESS

- none
- same as last month
- better, but remains in _____
- worse, now includes _____

6. ASSESSMENT OF CONDITION

- (compared to one month ago)
- much better
 - better
 - same
 - much worse

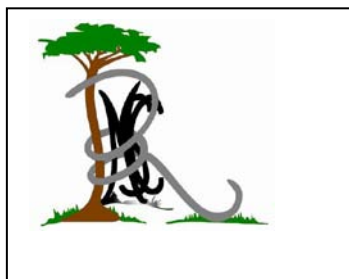
7. MY CURRENT WEIGHT IS: _____

MY TARGET WEIGHT IS: _____

8. I HAVE THE FOLLOWING OTHER PROBLEMS OR GENERAL COMMENTS:

ABILITY QUESTIONNAIRE

NAME: _____ DATE: _____



PLEASE RECORD *HOW MANY* ITEMS CHECKED: _____

When your back hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back pain. When you read them, you may find that some stand out because they describe you today. As you read the list, think of yourself TODAY. When you read a sentence that describes you today, put a mark next to it. If the sentence does not describe you, then leave the space blank and go to the next one. Remember, only mark the sentence if you are sure that it describes you today.

- 1. I stay at home most of the time because of my back.
- 2. I change position frequently to try to get my back comfortable.
- 3. I walk more slowly than usual because of my back.
- 4. Because of my back, I am not doing any of the jobs that I usually do around the house.
- 5. Because of my back, I use a handrail to get upstairs.
- 6. Because of my back, I lie down to rest more often.
- 7. Because of my back, I have to hold on to something to get out of an easy-chair.
- 8. Because of my back, I try to get other people to do things for me.
- 9. I get dressed more slowly than usual because of my back.
- 10. I only get up for short period of time because of my back.
- 11. Because of my back, I try to not bend or kneel down.
- 12. I find it difficult to turn over in bed because of my back.
- 13. My back is painful almost all the time.
- 14. I find it difficult to turn over in bed because of my back.
- 15. My appetite is not very good because of my back.
- 16. I have trouble putting on my socks (or stockings) because of my back.
- 17. I only walk for short distances because of my back pain.
- 18. I sleep less because of my back pain.
- 19. Because of my back pain, I get dressed with help from someone else.
- 20. I sit down for most of the day because of my back.
- 21. I avoid heavy jobs around the house because of my back.
- 22. Because of my back, I am more irritable and bad tempered with people than usual.
- 23. Because of my back, I go upstairs more slowly than usual.
- 24. I stay in bed most of the time because of my back pain.

MATERIAL BELOW MUST BE COMPLETE

HOW LONG AT ONE TIME I CAN DO THESE VARIOUS ACTIVITIES WITH A BREAK:
(LIST IN MINUTES OR HOURS)

THE TOTAL AMOUNT OF TIME IN AN 8-HOUR DAY I CAN DO THESE VARIOUS ACTIVITIES ALLOWING AS MANY BREAKS AS ARE NEEDED:

AT THE JOB I WAS DOING WHEN I WAS HURT I WAS REQUIRED TO BE ABLE TO DO THESE ACTIVITIES FOR A MAXIMUM OF 7 HOURS/DAY:

Sit _____ M/H
Walk _____ M/H
Lift ___ # _____ M/H
Bend _____ M/H
Squat _____ M/H
Climb _____ M/H
Kneel _____ M/H
Twist _____ M/H
Stand _____ M/H

Sit _____ H
Walk _____ H
Lift ___ # _____ H
Bend _____ H
Squat _____ H
Climb _____ H
Kneel _____ H
Twist _____ H
Stand _____ H

Sit _____ H
Walk _____ H
Lift ___ # _____ H
Bend _____ H
Squat _____ H
Climb _____ H
Kneel _____ H
Twist _____ H
Stand _____ H