

Patient Self Assessment Questionnaire

Please fill out this questionnaire to the best of your ability. Completing this questionnaire and returning it to the Clinic as soon as possible will help facilitate your Specialist consultation.

Name: _____ Age: _____ Sex: M F SMOKE Y N AMOUNT _____

Date of Birth: _____ Height: _____ Weight: _____

What is your *most significant symptom at this time?* (Choose one only)

Neck Pain Neck pain with arm pain Mid Back pain Low back pain
Low back pain with Leg pain Arm pain only Leg pain only Numbness/Tingling to arms or legs
Weakness to arms or Legs Clumsiness of Hands Difficulty walking Balance Difficulties

Other

If other, please list: _____

Based on the above symptoms, on a scale from 0-10, mark your **OVERALL level of discomfort:**

0 1 2 3 4 5 6 7 8 9 10

Which extremity is affected, if applicable?

Right arm Left arm
Right Leg Left leg

Do you have secondary symptoms (choose all that apply)?

Neck Pain Neck pain with arm pain Mid Back pain Low back pain
Low back pain with Leg pain Arm pain only Leg pain only Numbness/Tingling to arms or legs
Weakness to arms or Legs Clumsiness of Hands Difficulty walking Balance Difficulties

Other

If other, please list: _____

Based on your secondary symptoms, on a scale of 0-10, indicate your level of discomfort from these symptoms:

0 1 2 3 4 5 6 7 8 9 10

Based on your secondary symptoms which extremity is affected, if applicable?

Right arm Left arm
Right Leg Left leg

Based on your most significant symptom, please answer the following questions:

How long have you had your symptoms?

Less than 6 weeks 6-12 weeks 3-6 months 6-12 months 1-2 years Over two years

What was the cause of your symptoms?

Trauma/Injury Work Related Injury Fall Motor Vehicle Collision (MVC) Unknown Cause

Other: _____

As a result of your neck and/or back problem, have you been or are you currently involved with:

(mark all that apply)

No Claims (absolutely no legal consultation, worker's compensation, or insurance claims)

Legal Consultation Worker's Compensation Insurance Claim

Choose not to Answer

Have your symptoms changed since they started?

Yes No

If yes: Slowly worsening Slowly improving Rapidly worsening Rapidly improving

Have you ever had similar symptoms in the past?

Yes No

When: _____

Have you ever had spine surgery?

Yes No Choose not to answer

Would you consider spine surgery to resolve your problem:

Yes No

If you indicated Yes to the above question, would you be happier if surgery relieved your: (choose one only)

Neck/back pain Arm/Leg pain

If you have pain in both your neck and your arms:

How much pain is in your neck: _____%

How much pain is in your arms: _____%

Equals: 100%

If you have pain in both your back and your legs:

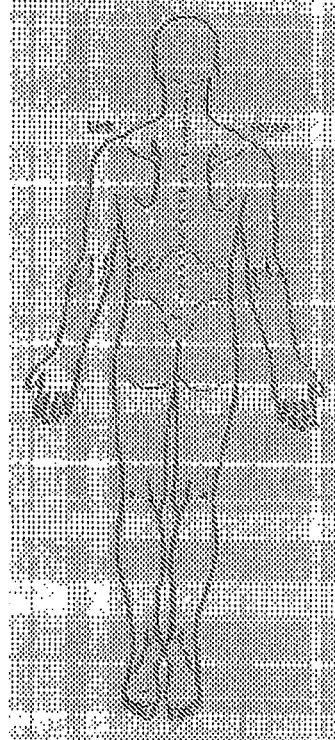
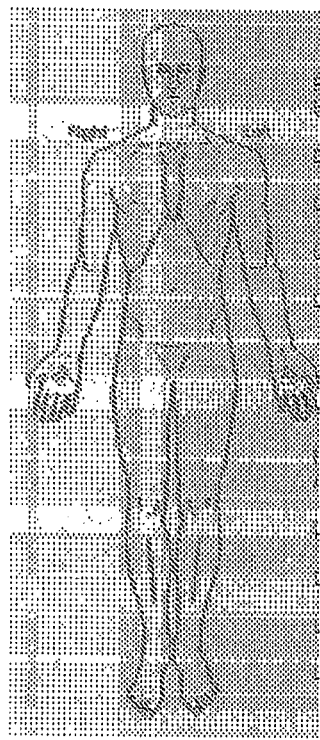
How much pain is in your back: _____%

How much pain is in your legs: _____%

Equals: 100%

Pain Diagram:

On the diagram below, please mark the location of your most significant symptom by shading the affected area or areas.



For your current symptoms, please indicate which of the following health care providers you have seen in the last 6 months:

- Chiropractor
- Physiotherapist
- Occupational Therapist
- Massage Therapist
- Acupuncturist
- Yoga/Pilates Instructor, Personal Trainer
- Other
- None of the Above

For your current symptoms, please indicate which of the following imaging, tests, and injections you have had in the last six (6) months:

- Imaging: X-ray CT scan MRI Bone Scan
- Nerve Test: EMG/Nerve Conduction
- Injections: Spinal injections with X-ray control Spinal injections without X-ray control

Work/Activity Levels (Choose all that apply to you):

- Are you working your normal hours
- Are you working, but with limited hours
- Not working due to current problem
- Are you on disability or leave from work due to your current condition
- Are you able to do most daily activities despite your condition
- Do you have minor difficulty doing activities due to your condition
- Do you have major difficulty doing activities due to your condition
- Is your condition affecting your interaction with family/friends?

Think of how you have felt over the past two weeks. Please answer the following statements by indicating whether you agree or disagree with each statement:

Agree Disagree

It is really not safe for a person with a condition like mine to be physically active.
Worrying thoughts have been going through my mind a lot of the time.
I feel that my pain is terrible and it's never going to get any better.
In general, I am not enjoying all the things I used to enjoy.

Do you take medications for your back/neck problem?

Yes No Choose not to answer

If yes to the above question, how long have you been taking medication?

Less than three (3) months 3 months to 1 year Over 1 year

Medications: please check Never, Intermittant, or daily to indicate how often you take the medications listed below:

Medication Never Intermittant Daily

Over the Counter

(Advil/Motrin/ibuprofen, Aleve/naproxen, aspirin/ASA, Tylenol/acetaminophen)

Non-steroidal Anti-inflammatory

(Arthrotec/diclofenac, Celecoxib, Celebrex, Voltaren)

Muscle Relaxant

(Flexeril, Robaxacet, Robaxin)

Narcotic Pain Medication

(Demerol, MS Contin, Morphine, Oxycontin, Percocet, Talwin, Tylenol #3)

Anti-depressants

(Celexa, Ciprolax, Cymbalta, Elavil, Paxil, Prozac, Wellbutrin, Zoloft)

Neuroleptics

(Lyrica, Neurontin, Gabapentin, Rivotril, Tegretol)

Please indicate any of the following conditions you have now or have had in the past:

Anemia or blood disease Asthma Back or neck pain that is present more often than not

Cancer/any malignancy

Cerebrovascular disease (stroke, blood clot, bleeding in the brain, transient ischemic attack)

Chronic Pulmonary disease (Emphysema, COPD, chronic bronchitis) Connective tissue disease

Dementia (Alzheimer's or other form of dementia) Depression Diabetes

Frequent Headaches (including migraines) High blood pressure HIV Positive Liver disease: mild

Liver disease: moderate to severe Myocardial infarction (heart attack)

Nervous system disorder (Parkinson's, muscular dystrophy, polio, cerebral palsy, etc) Osteoarthritis

Peripheral Vascular disease (requiring an operation to unclog or bypass the arteries in your legs)

Renal Disease: moderate to severe (loss of kidney function, chronic renal failure)

Ulcer disease (stomach or peptic ulcers)

Nothing on this list

Do you have frequent bouts of anxiety? Yes No

Have you been diagnosed with fibromyalgia, polymyalgia, etc.? Yes No

Please indicate how good or bad you feel your health is today, with worst imaginable health as 0 and best imaginable health as 100. Draw a line through the numbers, starting with 0 and ending at whatever point on the scale indicates how good or bad you feel your health is today:

0---5---10---15---20---25---30---35---40---45---50---55---60---65---70---75---80---85---90---95---100

Oswestry Disability Index

Please complete the following questions to the best of your ability. It is designed to tell us how your symptoms are affecting your ability to function in every day life. Please check only one box for each question.

1: Pain Intensity

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

2: Personal Care

- 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, wash with difficulty, and stay in bed.

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 (eg. 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 only very light weights.
- I cannot lift or carry anything at all.

4: Walking

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 kilometre.
- Pain prevents me walking more than 500 metres
- Pain prevents me walking more than 100 metres.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

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 sitting more than 1 hour.
- Pain prevents me from sitting more than 30 minutes.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

6: Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

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 of sleep.
- Pain prevents me from sleeping at all.

8: Employment/Homemaking

- My normal homemaking/job activities do not cause pain
- My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/job activities but pain prevents me from performing more physically stressful activities
- Pain prevents me from doing anything except for light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking activities

9: 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 energetic interests (eg.-dancing, recreation, sports)
- 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 10: 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 restricts me to journeys of 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.