

# GRAY CHIROPRACTIC CLINIC

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## Oswestry Disability Index:

Please Read: This questionnaire is designed to enable us to understand how much your low back has affected your ability to manage everyday activities. Please answer each Section by checking the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just check the ONE CHOICE which best describes your problem right now.

- S1-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 the pain.
  - Pain killers give moderate relief from the pain.
  - Pain killers give very little relief from the pain.
  - Pain killers have no effect on the pain

- S3-Lifting**
- I can lift heavy weights without extra pain
  - I can lift heavy weights but it gives extra pain.
  - Pain stops me from lifting heavy weights off the floor but not a table.
  - Pain stops me from lifting medium weights off the floor but not a table.
  - I can only lift very light weights
  - I cannot lift or carry anything at all.

- S5-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 1/2 hour.
  - Pain prevents me from sitting more than 10 minutes.
  - Pain prevents me from sitting at all.

- S7-Sleeping**
- Pain does not prevent me from sleeping well.
  - I can sleep well 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.

- S9-Social Life**
- My social life is normal and gives me no extra pain.
  - My social life is normal, but it increases my pain.
  - Pain limits energetic social activities such as dancing.
  - Pain restricts 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.

- S2-Personal Care**
- I can look after myself normally without causing extra pain.
  - I can look after myself normally but it increases my 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.

- S4-Walking**
- Pain does not prevent me walking any distance.
  - Pain prevents me walking more than 1 mile.
  - Pain prevents me walking more than 1/2 mile.
  - Pain prevents me walking more than 1/4 mile.
  - I can only walk using a stick or crutches.
  - I am in bed most fo the time and crawl to the toilet.

- S6-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 standing more than 1 hour.
  - Pain prevents me from standing more than 1/2 hour.
  - Pain prevents me from standing more than 10 minutes.
  - Pain prevents me from standing at all.

- S8-Sexual Activity**
- My sex life is normal and causes no extra pain.
  - My sex life is normal but causes some extra pain.
  - My sex life is nearly normal but it is very painful.
  - My sex life is severely restricted by pain.
  - My sex life is nearly absent because of pain.
  - Pain prevents any sex life at all.

- S10-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 only.
  - Pain prevent me from traveling except to the doctor.

**SCORE: :****Disability Rating:**

# GRAY CHIROPRACTIC CLINIC

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## Neck Disability Index:

*Please Read:* This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by checking the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but please check just the ONE CHOICE which most closely describes your problem right now.

<b>S1-Pain Intensity</b> <input type="checkbox"/> I have no pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the movement. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment.	<b>S2-Personal Care</b> <input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self care. <input type="checkbox"/> I do not get dressed, wash with difficulty, and stay in bed.
<b>S3-Lifting</b> <input type="checkbox"/> I can lift heavy weights without extra pain <input type="checkbox"/> I can lift heavy weights but it gives extra pain. <input type="checkbox"/> Pain stops me from lifting heavy weights off the floor but not a table. <input type="checkbox"/> Pain stops me from lifting medium weights off the floor but not a table. <input type="checkbox"/> I can only lift very light weights <input type="checkbox"/> I cannot lift or carry anything at all.	<b>S4-Headaches</b> <input type="checkbox"/> I have no headaches at all <input type="checkbox"/> I have slight headaches which come in-frequently. <input type="checkbox"/> I have moderate headaches which come in-frequently. <input type="checkbox"/> I have moderate headaches which come frequently. <input type="checkbox"/> I have severe headaches which come frequently. <input type="checkbox"/> I have headaches almost all the time.
<b>S5-Reading</b> <input type="checkbox"/> I can read as much as I want to with no pain in my neck. <input type="checkbox"/> I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> I can read as much as I want to with moderate pain in my neck. <input type="checkbox"/> I can't read as much as I want to because of moderate pain in my neck. <input type="checkbox"/> I can hardly read at all because of severe pain in my neck. <input type="checkbox"/> I cannot read at all.	<b>S5-Concentration</b> <input type="checkbox"/> I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating when I try. <input type="checkbox"/> I have a lot of difficulty in concentrating when I want to. <input type="checkbox"/> I have a great deal of difficulty in concentrating when I try. <input type="checkbox"/> I cannot concentrate at all.
<b>S7-Driving</b> <input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight neck pain. <input type="checkbox"/> I can drive my car as long as I want with moderate neck pain. <input type="checkbox"/> I can't drive my car as long as I want because of moderate neck pain. <input type="checkbox"/> I can hardly drive at all because of severe pain in the neck. <input type="checkbox"/> I can't drive my car at all.	<b>S8-Work</b> <input type="checkbox"/> I can do as much work as I want to. <input type="checkbox"/> I can only do my usual work, but no more. <input type="checkbox"/> I can do most of my usual work, but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I can't do any work at all.
<b>S9-Recreation</b> <input type="checkbox"/> I am able to engage in all my recreation activities with no neck pain. <input type="checkbox"/> I am able to engage in all my recreation activities with some neck pain. <input type="checkbox"/> I am able to do most but not all my leisure activities because neck pain. <input type="checkbox"/> I am able to do only a few of my leisure activities because of neck pain. <input type="checkbox"/> I can hardly do any recreation activities because of neck pain. <input type="checkbox"/> I can't do any recreation activities at all.	<b>S10-Sleeping</b> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hr of trouble). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hrs of sleeplessness). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hrs of trouble). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hrs of sleeplessness). <input type="checkbox"/> My sleep is completely disturbed (5-7 hrs of trouble).
<b>SCORE:</b>	<b>Disability Rating:</b>