

Patient Name _____ Birthdate _____ Sex: M / F
Address _____ City _____
State _____ Zip _____ Phone (____) _____ Patient Primary Language _____
Occupation _____ Employer _____ Work Phone _____
Address _____ City _____ State _____ Zip _____
Subscriber Name _____ Health Plan _____
Subscriber ID # _____ Group # _____ Spouse Name _____
Spouse Employer _____ City _____ State _____ Zip _____
Primary Care Physician Name _____ PCP Phone _____

MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.

DESCRIBE YOUR CURRENT PROBLEM AND HOW IT BEGAN:

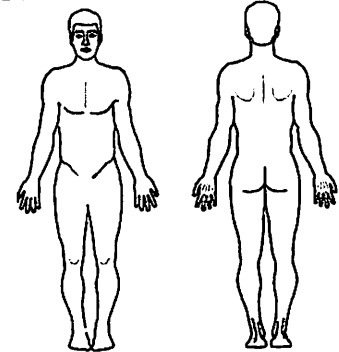
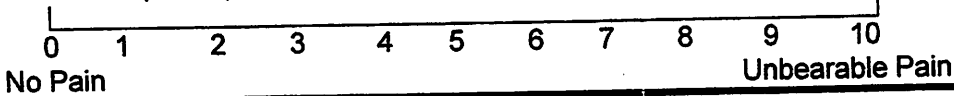
- Headache Neck Pain Mid-Back Pain Low Back Pain
 Other _____

Is this? Work Related Auto Related N/A

Date Problem Began _____

How Problem Began _____

Current complaint (how you feel today):



How often are your symptoms present?

- (Occasional) 0 - 25% 26 - 50% 51 - 75% 76 - 100% (Constant)

In the past week, how much has your pain interfered with your daily activities (e.g., work, social activities, or household chores)?

No interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

In general would you say your overall health right now is:

- Excellent Very Good Good Fair Poor

HAVE YOU HAD SPINAL X-RAYS, MRI, CT SCAN FOR YOUR AREA(S) OF COMPLAINT? No Yes

Date(s) taken _____ What areas were taken? _____

Please check all of the following that apply to you:

- Alcohol/Drug Dependence
- Recent Fever
- Diabetes
- High Blood Pressure
- Stroke (Date) _____
- Corticosteroid Use (Cortisone, Prednisone, etc.)
- Taking Birth Control Pills
- Dizziness/Fainting
- Numbness in Groin/Buttocks
- Cancer/Tumor (Explain) _____
- _____
- Osteoporosis
- Epilepsy/Seizures
- Other Health Problems (Explain) _____

- Prostate Problems
- Menstrual Problems
- Urinary Problems
- Currently Pregnant, # Weeks _____
- Abnormal Weight Gain Loss
- Marked Morning Pain/Stiffness
- Pain Unrelieved by Position or Rest
- Pain at Night
- Visual Disturbances
- Surgeries _____
- _____
- Tobacco Use - Type _____
- Frequency _____/Day
- Medications _____

Family History: Cancer Diabetes High Blood Pressure
 Heart Problems/Stroke Rheumatoid Arthritis

I certify to the best of my knowledge, the above information is complete and accurate. If the health plan information is not accurate, or if I am not eligible to receive a health care benefit through this provider, I understand that I am liable for all charges for services rendered and I agree to notify this doctor immediately whenever I have changes in my health condition or health plan coverage in the future. I understand that my chiropractor may need to contact my physician if my condition needs to be co-managed. Therefore I give authorization to my chiropractor to contact my physician, if necessary.

Patient Signature _____ Date _____

NECK DISABILITY INDEX

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

SECTION 1 - PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

SECTION 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. I wash with difficulty and stay in bed.

SECTION 3 - LIFTING

- I can lift heavy weights without causing extra pain.
- I can lift heavy weights, but it gives me extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

SECTION 4 - WORK

- I can do as much work as I want.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I can't do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

SECTION 5 - HEADACHES

- I have no headaches at all.
- I have slight headaches that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

SECTION 6 - CONCENTRATION

- I can concentrate fully without difficulty.
- I can concentrate fully with slight difficulty.
- I have a fair degree of difficulty concentrating.
- I have a lot of difficulty concentrating.
- I have a great deal of difficulty concentrating.
- I can't concentrate at all.

SECTION 7 - SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed for less than 1 hour.
- My sleep is mildly disturbed for up to 1-2 hours.
- My sleep is moderately disturbed for up to 2-3 hours.
- My sleep is greatly disturbed for up to 3-5 hours.
- My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 - DRIVING

- I can drive my car without neck pain.
- I can drive as long as I want with slight neck pain.
- I can drive as long as I want with moderate neck pain.
- I can't drive as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- I can't drive my car at all because of neck pain.

SECTION 9 - READING

- I can read as much as I want with no neck pain.
- I can read as much as I want with slight neck pain.
- I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can't read as much as I want because of severe neck pain.
- I can't read at all.

SECTION 10 - RECREATION

- I have no neck pain during all recreational activities.
- I have some neck pain with all recreational activities.
- I have some neck pain with a few recreational activities.
- I have neck pain with most recreational activities.
- I can hardly do recreational activities due to neck pain.
- I can't do any recreational activities due to neck pain.

PATIENT NAME _____

DATE _____

SCORE _____ [50]

BENCHMARK -5 = _____

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Back Index

A.C.N. Group, INC. Form BI-100

Patient Name: _____

Date: _____

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity 0

- (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 very severe and does not vary much.

Sleeping 0

- (0) I get no pain in bed.
- (1) I get pain in bed but it does not prevent me from sleeping well.
- (2) Because of pain my normal sleep is reduced by less than 25%
- (3) Because of the pain my normal sleep is reduced by less than 50%
- (4) Because of the pain my normal sleep is reduced by less than 75%
- (5) Pain prevents me from sleeping at all.

Sitting 0

- (0) I can sit in any chair as long as I like.
- (1) I can only sit in my favorite chair as long as I like.
- (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 immediately.

Standing 0

- (0) I can stand as long as I want without pain.
- (1) I have some pain while standing but it does not increase with time.
- (2) I cannot stand for longer than 1 hour without increasing pain.
- (3) I cannot stand for longer than ½ hour without increasing pain.
- (4) I cannot stand for longer than 10 minutes without increasing pain.
- (5) I avoid standing because it increases pain immediately.

Walking 0

- (0) I have no pain while walking
- (1) I have some pain while walking but it doesn't increase with distance.
- (2) I cannot walk more than 1 mile without increasing pain.
- (3) I cannot walk more than ½ mile without increasing pain.
- (4) I cannot walk more than ¼ mile without increasing pain.
- (5) I cannot walk at all without increasing pain.

Personal Care 0

- (0) I do not have to change my way of washing or dressing in order to avoid pain
- (1) I not normally change my way of washing or dressing even though it causes some pain.
- (2) Washing and dressing increases the 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.

Lifting 0

- (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 off the floor.
- (3) Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- (4) Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- (5) I can only lift very light weights.

Traveling 0

- (0) I get no pain while traveling.
- (1) I get some pain while traveling but none of my usual forms of travel make it worse.
- (2) I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- (3) I get extra pain while traveling which causes me to seek alternate forms of travel.
- (4) Pain restricts all forms of travel except that done while lying down.
- (5) Pain restricts all forms of travel.

Social Life 0

- (0) My social life is normal and gives me no extra pain.
- (1) My social life is normal but increases the degree of pain.
- (2) Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- (3) Pain has restricted my social life and I do not go out very often.
- (4) Pain has restricted my social life to my home.
- (5) I have hardly any social life because of the pain.

Changing Degree of Pain 0

- (0) My pain is rapidly getting better.
- (1) My pain fluctuates but overall is definitely getting better.
- (2) My pain seems to be getting better but improvement is slow.
- (3) My pain is neither getting better or worse.
- (4) My pain is gradually worsening.
- (5) My pain is rapidly worsening.

Back Index Score

Index Score= [sum of all statements selected/(# of sections with a statement selected X 5)] X100