

NECK, SHOULDER, UPPER BACK PAIN AND DISABILITY INDEX (VERNON-MIOR)

Patient Name: _____ File #: _____ Date: _____

PLEASE READ INSTRUCTIONS:

This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage in everyday life. Please mark in each section only ONE box, which most closely, describes your problem. You may write in the margins also to describe you situation more clearly.

<p><u>SECTION 1 – PAIN INTENSITY</u></p> <p><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 moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment.</p> <p><u>SECTION 2 – PERSONAL CARE</u></p> <p><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. I wash with difficulty and stay in bed.</p> <p><u>SECTION 3 – LIFTING</u></p> <p><input type="checkbox"/> I can lift heavy weights without causing extra pain. <input type="checkbox"/> I can lift heavy weights, but it gives me extra pain. Pain prevents me from lifting heavy weights off the floor; but can manage if items are conveniently positioned (e.g. on a table). <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned. <input type="checkbox"/> I can lift only very light weights.</p> <p><u>SECTION 4 – WORK</u></p> <p><input type="checkbox"/> I can do as much work as I want. <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 can't 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.</p> <p><u>SECTION 5 – HEADACHES</u></p> <p><input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches that come infrequently. <input type="checkbox"/> I have moderate headaches that come infrequently. <input type="checkbox"/> I have moderate headaches that come frequently. <input type="checkbox"/> I have severe headaches that come frequently. <input type="checkbox"/> I have headaches almost all the time.</p>	<p><u>SECTION 6 – CONCENTRATION</u></p> <p><input type="checkbox"/> I can concentrate fully with no difficulty. <input type="checkbox"/> I can concentrate fully with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating. <input type="checkbox"/> I have a lot of difficulty concentrating. <input type="checkbox"/> I have a great deal of difficulty concentrating. <input type="checkbox"/> I can't concentrate at all.</p> <p><u>SECTION 7 – SLEEPING</u></p> <p><input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed for less than 1 hour. <input type="checkbox"/> My sleep is mildly disturbed for up to 1-2 hours. <input type="checkbox"/> My sleep is moderately disturbed for up to 2-3 hours. <input type="checkbox"/> My sleep is greatly disturbed for up to 3-5 hours. <input type="checkbox"/> My sleep is completely disturbed for up to 5-7 hours.</p> <p><u>SECTION 8 – DRIVING</u></p> <p><input type="checkbox"/> I can drive my car without neck pain. <input type="checkbox"/> I can drive as long as I want with slight neck pain. <input type="checkbox"/> I can drive as long as I want with moderate pain. <input type="checkbox"/> I can't drive as long as I want because of moderate neck pain. <input type="checkbox"/> I can hardly drive at all because of severe neck pain. <input type="checkbox"/> I can't drive my car at all because of neck pain. <input type="checkbox"/> I cannot lift or carry anything at all.</p> <p><u>SECTION 9 – READING</u></p> <p><input type="checkbox"/> I can read as much as I want with no neck pain. <input type="checkbox"/> I can read as much as I want with slight neck pain. <input type="checkbox"/> I can read as much as I want with moderate neck pain. <input type="checkbox"/> I can't read as much as I want because of moderate neck pain. <input type="checkbox"/> I can't read as much as I want because of severe neck pain. <input type="checkbox"/> I can't read at all.</p> <p><u>SECTION 10 – RECREATION</u></p> <p><input type="checkbox"/> I have no neck pain during all recreational activities. <input type="checkbox"/> I have some neck pain with all recreational activities. <input type="checkbox"/> I have some neck pain with a few recreational activities. <input type="checkbox"/> I have neck pain with most recreational activities. <input type="checkbox"/> I can hardly do recreational activities due to neck pain. <input type="checkbox"/> I can't do any recreational activities due to neck pain.</p>
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Rate the severity of your pain by checking one box on the following scale.

No Pain	0	1	2	3	4	5	6	7	8	9	10	Excruciating Pain
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LOWER BACK PAIN AND DISABILITY INDEX (REVISED OSWESTRY)

Patient Name: _____ File #: _____ Date: _____

PLEASE READ INSTRUCTIONS:

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only ONE box, which applies to you. We realize you may consider that two of the statements in any one section relate to you, but just mark the box, which most closely describes your problem.

<p>SECTION 1 – PAIN INTENSITY</p> <p><input type="checkbox"/> The pain comes and goes and is very mild. <input type="checkbox"/> The pain is mild and does not vary much. <input type="checkbox"/> The pain comes and goes and is moderate. <input type="checkbox"/> The pain is moderate and does not vary much. <input type="checkbox"/> The pain comes and goes and is severe. <input type="checkbox"/> The pain is severe and does not vary much.</p> <p>SECTION 2 – PERSONAL CARE</p> <p><input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain. <input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes pain. <input type="checkbox"/> Washing and dressing increase the pain but I manage not to change my way of doing it. <input type="checkbox"/> Washing and dressing increase the pain and I find it necessary to change my way of doing it. <input type="checkbox"/> Because of the pain I am unable to do some washing and dressing without help. <input type="checkbox"/> Because of the pain I am unable to do any washing and dressing without help.</p> <p>SECTION 3 – LIFTING</p> <p><input type="checkbox"/> I can lift heavy weight without extra pain. <input type="checkbox"/> I can lift heavy weights but it causes extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table). <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can only lift very light weights at the moment.</p> <p>SECTION 4 – WALKING</p> <p><input type="checkbox"/> I have no pain on walking. <input type="checkbox"/> I have some pain on walking but it does not increase with distance. <input type="checkbox"/> I cannot walk more than 1 km without increasing pain. <input type="checkbox"/> I cannot walk more than ½ km without increasing pain. <input type="checkbox"/> I cannot walk more than ¼ km without increasing pain. <input type="checkbox"/> I cannot walk at all without increasing pain.</p> <p>SECTION 5 – SITTING</p> <p><input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can only sit in my favorite chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting more than 1 hour. <input type="checkbox"/> Pain prevents me from sitting more than ½ hour. <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes. <input type="checkbox"/> I avoid sitting because it increases pain straight away.</p>	<p>SECTION 6 – STANDING</p> <p><input type="checkbox"/> I can stand as long as I want without pain. <input type="checkbox"/> I have some pain on standing but it does not increase with time. <input type="checkbox"/> I cannot stand for longer than one hour without increasing pain. <input type="checkbox"/> I cannot stand for longer than ½ hour without increasing pain. <input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain. <input type="checkbox"/> I avoid standing because it increases the pain straight away.</p> <p>SECTION 7 – SLEEPING</p> <p><input type="checkbox"/> I get no pain in bed. <input type="checkbox"/> I get pain in bed but it does not prevent me from sleeping well. <input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ¼. <input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ½. <input type="checkbox"/> Because of pain my normal night's sleep is reduced by less than ¾. <input type="checkbox"/> Pain prevents me from sleeping at all.</p> <p>SECTION 8 – SOCIAL LIFE</p> <p><input type="checkbox"/> My social life is normal and gives me no pain. <input type="checkbox"/> My social life is normal but increases the degree of pain. <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.). <input type="checkbox"/> Pain has restricted my social life and I do not go out very often. <input type="checkbox"/> Pain has restricted my social life to my home. <input type="checkbox"/> I have hardly any social life because of the pain.</p> <p>SECTION 9 – TRAVELING</p> <p><input type="checkbox"/> I get no pain whilst traveling. <input type="checkbox"/> I get some pain whilst traveling but none of my usual forms of travel makes it any worse. <input type="checkbox"/> I get extra pain whilst traveling but it does not compel me to seek alternative forms of travel. <input type="checkbox"/> I get extra pain whilst traveling which compels me to seek alternative forms of travel. <input type="checkbox"/> Pain restricts all forms of travel. <input type="checkbox"/> Pain prevents all forms of travel except that done lying down.</p> <p>SECTION 10 – CHANGING DEGREE OF PAIN</p> <p><input type="checkbox"/> My pain is rapidly getting better. <input type="checkbox"/> My pain fluctuates but overall is definitely getting better. <input type="checkbox"/> My pain seems to be getting better but improvement is slow at present. <input type="checkbox"/> My pain is neither getting better nor worse. <input type="checkbox"/> My pain is gradually worsening. <input type="checkbox"/> My pain is rapidly worsening.</p>
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Rate the severity of your pain by checking one box on the following scale.

No Pain	0	1	2	3	4	5	6	7	8	9	10	Excruciating Pain
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