

HOLST CHIROPRACTIC OFFICE

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Name: _____

Date: _____

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Please read:

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

Section 1 - Pain Intensity

- [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] Pain is moderate and does not vary much.
- [4] The pain comes and goes and is severe.
- [5] The pain is severe and does not vary much.

Section 2 - Personal Care (Washing, Dressing, etc)

- [0] I do not have to change my way of washing or dressing in order to avoid pain.
- [1] I do not normally change my way of washing/dressing even though it causes some pain.
- [2] Washing/dressing increase the pain but I manage not to change my way of doing it.
- [3] Washing/dressing increase the pain and I find it necessary to change my way of doing it.
- [4] Because of pain I am unable to do some washing/ dressing without help.
- [5] Pain prevents me from washing/dressing without help.

Section 3 - Lifting

- [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, but I can manage if they are conveniently placed (e.g. on a table).
- [3] Pain prevents me from lifting heavy weight off the floor, but I manage light to medium weights.
- [4] I can only lift very light weights at the most.
- [5] I can not lift or carry anything at all.

Section 4 - Walking

- [0] I have no pain while walking.
- [1] I have some pain while walking but it does not increase with distance.
- [2] I cannot walk more than one mile without increased pain.
- [3] I cannot walk more than ½ mile without increased pain.
- [4] I cannot walk more than 1/4 mile without increased pain.
- [5] I cannot walk at all without increase pain.

Section 5 - Sitting

- [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 one 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.

Section 6 - Standing

- [0] I can stand as long as I want without extra pain.
- [1] I have some pain on standing but it does not increase with time.
- [2] I cannot stand for more than 1 hour without increasing pain.
- [3] I cannot stand for more than ½ hour without increasing pain.
- [4] I cannot stand for more than 10 minutes without increasing pain.
- [5] I avoid standing-it increases pain immediately.

Section 7 - Sleeping

- [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 sleep is reduced by 25%.
- [3] Because of pain my sleep is reduced by 50%.
- [4] Because of pain my sleep is reduced by 75%.
- [5] Pain prevents me from sleeping at all.

Section 8 - Social Life

- [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 activities (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 no social life because of pain.

Section 9 - Traveling

- [0] I get no pain while I travel.
- [1] I can travel without restrictions but it gives me extra pain.
- [2] Pain is bad but I manage trips over two hours.
- [3] Pain restricts me from trips of less than one hour.
- [4] Pain restricts me to short necessary trips.
- [5] Pain restricts me from traveling at all.

Section 10 - Changing Degree of Pain

- [0] My pain is rapidly getting better.
- [1] My pain fluctuates, but overall is definitely better.
- [2] My pain seems to be getting better, but improvement is slow at the present time.
- [3] My pain is neither getting better nor worse.
- [4] My pain is gradually getting worse.
- [5] My pain is rapidly getting worse.

Signature _____

Date _____