

BASELINE (PRE-INJURY OR CONDITION)

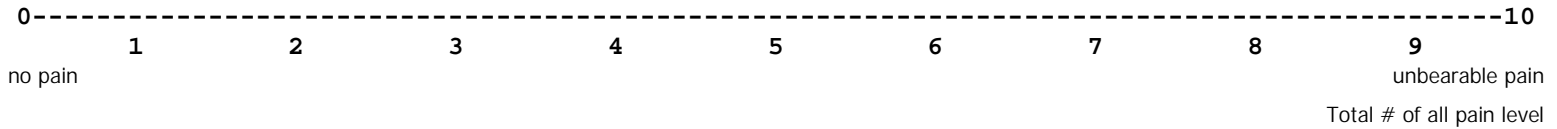
Patient Name: \_\_\_\_\_

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

Attending DR: \_\_\_\_\_

VISUAL ANALOG SCALE

Please indicate the pain level you are experiencing related to your injury or condition \_\_ / \_\_ / \_\_ by writing each individual body area on the scale below.



ACTIVITIES OF DAILY LIVING

Circle all activities that you found difficult to do: the \_\_ / \_\_ / \_\_ injury or condition

- > Sleep through the night
- > Get out of bed
- > Make your bed
- > Bathe yourself
- > Wash, comb or dry hair
- > Bend over a sink for 10 minutes
- > Go to the bathroom
- > Put on socks, shoes or clothing
- > Walk up one flight of stairs
- > Walk down one flight of stairs
- > Crawl on all fours
- > Turn a door knob
- > Open a heavy door
- > Sit in a chair for 30 minutes
- > Sit and work at a desk for 1 hour
- > Get up from a low seat
- > Cross legs
- > Walk one mile
- > Stand for 30 minutes
- > Travel on journey that takes over one hour
- > Push or pull vacuum cleaner or lawn mower
- > Carry laundry basket, groceries or a small child
- > Wash windows or walls
- > Bend over to clean bathtub
- > Shovel snow or dirt
- > Use pencil, scissors, screwdriver, or pliers
- > Lift a heavy suitcase (about 40 pounds)
- > Reach in front or overhead to high shelves
- > Enjoy hobbies or social activities
- > Enjoy sexual activities

Total # ADL items circles \_\_\_\_\_

Baseline total \_\_\_\_\_

Circle any of the following conditions you experienced before the injury or condition

- > Neck or back weakness
- > Restricted movement of neck or back
- > Persistent tender areas in muscles around neck or back
- > "Catch" or "kink" in neck or back

Patient Signature: \_\_\_\_\_

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