Patient Name: ₋					Date Of Injury/C	nset: _			_ Vis	sit #	Today'	s Date	
		Describ	e your sym	ptor ESC	ns in the section	ns bel	ow, <i>In Th</i>	e Order C	of Se	everity, if poss			
#1 CUI		SYMPT(Body Loc	<u> </u>		***************************************	RRENT	SYMPTON	1		_		SYMPTO	
		•			4 LOCATION OF SVI	ADTOM	•				-		
 LOCATION OF SY Headaches 	Left	Right	Both		1. LOCATION OF SYI Headaches	Left	Right	Both		1. LOCATION OF SY Headaches	Left	Right	Both
Front Of Head		R	В		Front Of Head		R	В		Front Of Head		R	B
Top Of Head	L	R	В		Top Of Head	L	R	В		Top Of Head	Ĺ	R	В
Back Of Head	L	R	В		Back Of Head	L	R	В		Back Of Head	l L	R	В
Jaw	L	R	В		Jaw	L	R	В		Jaw	L	R	В
Eye	L	R	В		Eye	L	R	В		Eye	L	R	В
Neck	L	R	В		Neck	L	R	В		Neck	L	·R	В
Upper Back	Ļ	R	В		Upper Back	L	R	В		Upper Back	Ļ	R	В
Mid Back	L	R	В		Mid Back	L	R	В		Mid Back	L	R	В
Low Back	^-	R R	B B		Low Back	L	R R	B B		Low Back	L	R	В
Chest Abdomen	L L	R	В		Chest Abdomen	L	R	В		Chest	L L	R R	B B
Ribs	Ĺ	R	В		Ribs	ī	R	В		Abdomen Ribs	Ĺ	R	В
Buttocks	Ĺ	R	В		Buttocks	ī	R	В		Buttocks	Ĺ	R	В
Shoulder	Ĺ	Ŕ	В		Shoulder	Ĺ	Ŕ	В		Shoulder	Ĺ	Ŕ	В
Upper Arm	Ē	R	В		Upper Arm	L	R	В		Upper Arm	Ĺ	R	В
Forearm	L	R	В		Forearm	L	R	В		Forearm	Ĺ	R	В
Hand	L	R	В		Hand	L	R	В		Hand	L	R	В
Hip	L	R	В		Hip	L	R	В		Hip	L	R	В
Leg	L	R	В		Leg	L	R	В		Leg	L	R	В
Foot	L	R	В		Foot	L	R	В		Foot	L	R	В
Other Locations:	:				Other Locations:					Other Locations	:		
. TYPES OF PAI	N				2. TYPES OF PAIL	v				2. TYPES OF PA	IN		
Dull	Sharp	4	Aching		Dull	Sharp	Ac	hing		Dull	Sharp		Aching
Cutting	Throbb		Burning		Cutting	Throb		rning		Cutting	Throb		Burning
Numbing	Tinglin		Cramping		Numbing	Tinglin		amping		Numbing	Tingli		Cramping
Spasm	Stingin		Shooting		Spasm	Stingi		ooting		Spasm	Stingi		Shooting
Pounding	Constr		ū		Pounding	Const		J		Pounding		ricting	
Other Types Of	Pain:				Other Types Of F	^p ain:				Other Types Of	Pain:	-	
B. PAIN FREQUEI O Up To 1/4 Of / O 1/4 To 1/2 Of / O 1/2 To 3/4 Of / O Prevents Activ	Awake Ti Awake Ti Awake Ti	me			3. PAIN FREQUEN O Up To 1/4 Of A O 1/4 To 1/2 Of A O 1/2 To 3/4 Of A O Prevents Activ	wake T wake T wake T	īme			3. PAIN FREQUE O Up To 1/4 Of O 1/4 To 1/2 Of O 1/2 To 3/4 Of O Prevents Acti	Awake T Awake T Awake T	Time	
I. PAIN INTENSIT (How It Affects)		Activition			4. PAIN INTENSIT		h Activition			4. PAIN INTENSI		lu Antivitina	
O Doesn't Affect		Somewh			(How It Affects Y O Doesn't Affect		y Activities) D Somewhat	Affects		(How It Affects O Doesn't Affect		<i>ly Activities</i> O Somewh	
O Seriously Affe		Prevents		1	O Seriously Affect		D Prevents A			O Seriously Affe		O Prevents	
5. DOES THE PAI	IN RADIA				5. DOES THE PAI	N RADI	ATE INTO			5. DOES THE PA	IN RADI	ATE INTO	
OTHER BODY			В		OTHER BODY			В		OTHER BODY			В
Head Neck	L L	R R	B B		Head Neck	L	R R	B B		Head Neck	L L	R R	B B
Shoulder	Ĺ	R	В		Shoulder	ī	R	В		Shoulder	Ĺ	R	В
Arm	Ĺ	Ŕ	В		Arm	Ĺ	Ŕ	В		Arm	Ĺ	R	В
Hand	Ĺ	R	В		Hand	L	Ŕ	В		Hand	Ĺ	Ŕ	В
Hip	L	R	В		Hip	L	R	В		Hip	Ĺ	R	В
Leg	L	R	В		Leg	L	R	В		Leg	L	R	В
Foot	. L	R	В		Foot	L	R	В		Foot	. L	R	В
Other Locations: 5. ACTIONS AFFE		THIS DAIN	u .		Other Locations: 6. ACTIONS AFFE		THIS DAIN			Other Locations 6. ACTIONS AFF		TUIC DAIL	
		Aggravates					Aggravates F	Relieves				Aggravates	
In The A.M.	O	O	O		In The A.M.	O	O	O		In The A.M.	O	O	O
In The P.M.	Ö	Ö	Ö		In The P.M.	Ö	Ö	Ö		In The P.M.	ŏ	ŏ	Ö
Bend Forward	0	0	0		Bend Forward	0	0	0		Bend Forward	Ō	Ö	0
Bend Back	0	0	0		Bend Back	0	0	0		Bend Back	0	0	0
Bend Left	0	0	0		Bend Left	0	0	0		Bend Left	0	0	0
Bend Right	0	0	0		Bend Right	0	0	0		Bend Right	0	0	0
Twist Left	0	0	0		Twist Left	0	0	0		Twist Left	0	0	0
Twist Right Coughing	0	0	0		Twist Right Coughing	0	0	0		Twist Right Coughing	0	0	0
Sneezing	Ö	Ö	0		Sneezing	Ö	0	0		Sneezing	0	0	0
Straining	Ö	Ö	0		Straining	Ö	0	0		Straining	0	0	0
Standing	ŏ	ŏ	ŏ		Standing	ŏ	Ö	Ö	ř	Standing	ŏ	ő	ŏ
Sitting	0	0	0		Sitting	Ŏ	Ö	Ŏ		Sitting	ŏ	ŏ	ŏ
Lifting	0	0	0		Lifting	0	0	0		Lifting	0	0	0
Other Activities:				1	Other Activities:					Other Activities:			

Patient Name: _					Date Of Injury/O	nset: _			Vis	sit #	Today's	s Date _	
	1	Describ	e your symp	otom E SCI	s in the section	ns belo	ow, <i>In Th</i> 'MPTOM	ne <i>Order O</i> I PER SEC	f S	<i>everity</i> , if possi N	ble.		
#4 CUI Please Circle On		SYMPTO			#5 CUR		SYMPTO Body Loca			#6 CUI		SYMPT(
I. LOCATION OF SY	мртом				1. LOCATION OF SYM	ІРТОМ				1. LOCATION OF SY	иртом		
Headaches	<u>Left</u>	Right	Both		Headaches	<u>Left</u>	Right	Both		Headaches	<u>Left</u>	Right	<u>Both</u>
Front Of Head Top Of Head	L	R R	B B		Front Of Head Top Of Head	L	R R	B B		Front Of Head Top Of Head	L	R R	B B
Back Of Head		R	В		Back Of Head		R	В		Back Of Head		R	В
Jaw	Ĺ	Ŕ	В		Jaw	Ĺ	Ŕ	В		Jaw	Ĺ	Ŕ	В
Eye	Ĺ	R	В		Eye	L	R	В		Eye	Ĺ	R	В
Neck	L	R	В		Neck	L	R	В		Neck	L	R	В
Upper Back	L	R	В		Upper Back	L	R	В		Upper Back	L	R	В
Mid Back	L	R	В		Mid Back	L	R	В		Mid Back	L	R	В
Low Back	L	R	В		Low Back	L	R	В		Low Back	L	R	В
Chest	L	R	В		Chest	L	R	В		Chest	L	R	В
Abdomen Ribs	L L	R R	B B		Abdomen Ribs	L L	R R	B B		Abdomen	L	R	В
Buttocks	Ĺ	R	В		Buttocks	Ĺ	R	B		Ribs Buttocks	L	R R	B B
Shoulder	Ĺ	R	В		Shoulder	Ĺ	R	В		Shoulder	Ĺ	R	В
Upper Arm	Ĺ	R	В		Upper Arm	Ĺ	Ŕ	В		Upper Arm	Ĺ	R	В
Forearm	L	R	В		Forearm	L	R	В		Forearm	Ĺ	Ŕ	В
Hand	L	R	В		Hand	L	R	В		Hand	L	R	В
Hip	L	R	В		Hip	L	R	В		Hip	L	R	В
Leg	L	R	В		Leg	L	R	В		Leg	L	R	В
Foot	L	R	В		Foot	L	R	В		Foot	L	R	В
Other Locations:					Other Locations:					Other Locations:			
2. TYPES OF PAIL	V				2. TYPES OF PAIN	,				2. TYPES OF PAIL	V		
Dull	Sharp	A	Aching	- 1	Dull	Sharp	Α	ching		Dull	Sharp	,	Aching
Cutting	Throbb	ing B	Burning		Cutting	Throbl	oing B	urning		Cutting	Throb		Burning
Numbing	Tingling	j C	cramping		Numbing	Tinglin	g C	ramping		Numbing	Tinglin	ng (Cramping
Spasm	Stinging		Shooting		Spasm	Stingir		hooting		Spasm	Stingir		Shooting
Pounding Other Types Of F	Constri Pain:	cting			Pounding Other Types Of P	Constr ain:	ricting			Pounding Other Types Of I	Const Pain:	ricting	
3. PAIN FREQUE! O Up To 1/4 Of A O 1/4 To 1/2 Of A O 1/2 To 3/4 Of A O Prevents Activ	Awake Tir Awake Tir Awake Tir	ne			3. PAIN FREQUEN O Up To 1/4 Of A O 1/4 To 1/2 Of A O 1/2 To 3/4 Of A O Prevents Activi	wake Ti wake T wake T	ime			3. PAIN FREQUE! O Up To 1/4 Of A O 1/4 To 1/2 Of A O 1/2 To 3/4 Of A O Prevents Activ	Awake T Awake T Awake T	îme	
4. PAIN INTENSIT (How It Affects Y O Doesn't Affect O Seriously Affect	our Daily O	Activities, Somewhat Prevents	at Affects		4. PAIN INTENSIT (How It Affects Yo O Doesn't Affect O Seriously Affect	our Dail C	y Activities) Somewha Prevents	t Affects		4. PAIN INTENSIT (How It Affects Y O Doesn't Affect O Seriously Affect	our Dail (<i>ly Activities</i> O Somewh O Prevents	at Affects
5. DOES THE PAI		TE INTO			5. DOES THE PAIL					5. DOES THE PAI			
OTHER BODY	L	R	в		OTHER BODY F Head	L	R	В		OTHER BODY	PARIS7 L	R	В
Neck	Ĺ	R	В		Neck	Ĺ	R	В		Neck	Ĺ	R	В
Shoulder	Ĺ	R	В		Shoulder	Ĺ	R	В		Shoulder	Ĺ	Ŕ	В
Arm	L	R	В		Arm	L	R	В		Arm	L	R	В
Hand	L	R	В		Hand	L	R	В		Hand	L	R	В
Hip	L	R	В		Hip	L	R	В		Hip	L	R	В
Leg	L	R R	B B		Leg	L	R R	B B		Leg	L	R	В
Foot Other Locations:	L	ĸ	D		Foot Other Locations:	L	К	В		Foot Other Locations:	L	R	В
6. ACTIONS AFFE	CTING 1				6. ACTIONS AFFE					6. ACTIONS AFFE	CTING	THIS PAII	v
	0_	Aggravates					Aggravates					Aggravates	
In The A.M. In The P.M.	0	0	0		In The A.M. In The P.M.	0	0	0		In The A.M. In The P.M.	0	0	0
Bend Forward	0	0	0		Bend Forward	0	0	0		Bend Forward	0	0	0
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Bend Left	ŏ .	ŏ	ŏ		Bend Left	ŏ	ŏ	ŏ		Bend Left	ŏ	ŏ	ŏ
Bend Right	0	0	0		Bend Right	0	0	0		Bend Right	0	0	0
Twist Left	0	0	0		Twist Left	0	0	0		Twist Left	0	0	0
Twist Right	0	0	0		Twist Right	0	0	0		Twist Right	0	0	0
Coughing	0	0	0		Coughing	0	0	0		Coughing	0	0	0
Sneezing	0	0	0		Sneezing Straining	0	0	0		Sneezing	0	0	0
Straining Standing	0	0	0		Straining Standing	0	0	0		Straining Standing	0	0	0
Sitting	ŏ	· ŏ	ŏ		Sitting	Ö	ŏ	ő		Sitting	Ö	ŏ	ő
Lifting	ŏ	ŏ	ŏ		Lifting	ŏ	ŏ	ŏ		Lifting	ŏ	ŏ	ŏ
Other Activities:					Other Activities:					Other Activities:			

Activities of Please fill in						1 to 5 scale a	as indic	ated.	Example: Sitting
Keep in mind th	ne pain	that is	s caus	sing you the	most	discomfort. If t you are uncerta	here is a	n activity	listed that you d
not participate i	n, pica	se ica	ve in	biank cript	.y. 11	you are uncorte	about	arryamig	, р.осоо стот
1 = "I can do th									
2 = "I can do th									
3 = "I manage t	o do th	is mys	self, ir	spite of MA	RKE	D pain"			
4 = "I manage t	o do th	is, in s	spite o	of pain, BUT	I nee	ed help"			
5 = "I CANNOT	do this	s at all	beca	use of the pa	ain"				
		_				A 41 441			
Difficulties wit			and P			Put on Shoes:	Dropor	e Meals:	Take out Trash
		Drying Hair: Combing Hair:		Brushing Teeth: Making Bed:		Tying Shoes:	Eating		Doing Laundry:
<u> </u>		ing Fac		Put on Shirt:		Put on Pants:		Dishes:	Using Toilet:
Washing Hair: Was		ing rac		Fut on Shirt.		T di on i dillo.	Olcan	D101100.	Tourig Tourist
Difficulties wit	h Phys	sical A	_ctivi	ties					
Standing:			TOLIVI	Kneeling:		Bend Back:	Twist L	eft:	Lean Back:
Sitting:		Walking: Stooping:		Reaching:		Bend Left:	Twist Right:		Lean Left:
Reclining:		atting:		Bend Forward:		Bend Right:		orward:	Lean Right:
Standing for long		ng for long		Walking for long		Kneeling for long			
				periods:					
	period	ds:		periods:	9	periods:			
	period	ds:		periods:		periods:			
periods:			ıl Acti						
periods: Difficulties wit Carry small object	t h Fun e	ctiona	eights o	vities off floor:	Pu	ush*items while sea			e upper body:
periods: Difficulties with Carry small object Carry large objects	t h Fun e	ctiona Lift we	eights d	ivities off floor: off table:	Pı Pı	ush tems while sea	nding:	Exercis	e lower body:
periods: Difficulties wit Carry small object Carry large object Carry briefcase:	th Fund s: s:	Lift we	eights o eights o stairs:	ivities off floor: off table:	Pi Pi Pi	ush tems while sea ush items while star ull items while seate	nding: ed:	Exercis Exercis	e lower body: e arms:
periods: Difficulties wit Carry small object Carry large object Carry briefcase:	th Fund s: s:	Lift we	eights d	ivities off floor: off table:	Pi Pi Pi	ush tems while sea	nding: ed:	Exercis	e lower body: e arms:
Difficulties will Carry small object Carry large object Carry briefcase: Carry large purse:	th Funds:	Lift we Lift we Climb	eights of eights of stairs:	ivities off floor: off table:	Pu Pu Pu	ush tems while sea ush items while star ull items while seate	nding: ed:	Exercis Exercis	e lower body: e arms:
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Difficulties with Carry small objects Carry large objects Carry briefcase: Carry large purse: Difficulties with Bowling:	th Funds: s: s: Joggi	Lift we Climb Climb	eights of eights of stairs:	ivities off floor: off table: e: onal Activit Swimming:	Pu Pu Pu	ush tems while sea ush items while star ull items while seate ull items while stand	nding: ed: ding: Comp.	Exercis Exercis Exercis	e lower body: se arms: se legs: Dating:
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Difficulties with Carry small objects Carry large objects Carry large purse: Difficulties with Bowling: Golfing: Difficulties with Driving: Driving: Difficulties with Driving: Driving: Driving: Driving:	th Fundations: th Soci Joggi Dance th Traviving for riods:	ctiona Lift we Lift we Climb Climb Climb ial/Re ng: ing:	eights deights deights deights deights deights deights deights deights recorded and deights de	ivities off floor: off table: e: onal Activit Swimming: Skiing:	Pu Pu Pu Pu Ridii	ush tems while sea ush items while star ull items while seate ull items while stand lice Skating: Roller Skating:	nding: ed: ding: Comp. Hobbie	Exercis Exercis Exercis Sports:	e lower body: se arms: se legs: Dating: Dining: Riding for long
Difficulties with Carry small objects Carry large objects Carry briefcase: Carry large purse: Difficulties with Bowling: Golfing: Difficulties with Driving: Driving: Driving: Dripe	th Fundations: th Social Joggian Dance th Traviving for riods:	ctiona Lift we Lift we Climb Climb ial/Re ng: ing: rels long	eights deights deights deights deights deights deights deights deights recorded and deights de	ivities off floor: off table: e: onal Activit Swimming: Skiing: ng in a cle: n, Senses, a	Pu Pu Pu Pu Ridii	ush tems while sea ush items while star ull items while seate ull items while stand lice Skating: Roller Skating:	nding: ed: ding: Comp. Hobbie	Exercis Exercis Exercis Sports:	e lower body: se arms: se legs: Dating: Dining: Riding for long
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OWESTRY	PAIN DISABILITY QUEST	IONNAIRE
Use the letters below to i	ndicate the type and location of y	our sensations right now
A = Ache	B = Burning	N = Numbness
P = Pins and Needles	S = Stabbing	O - Other

