

Total Pain Care LLC

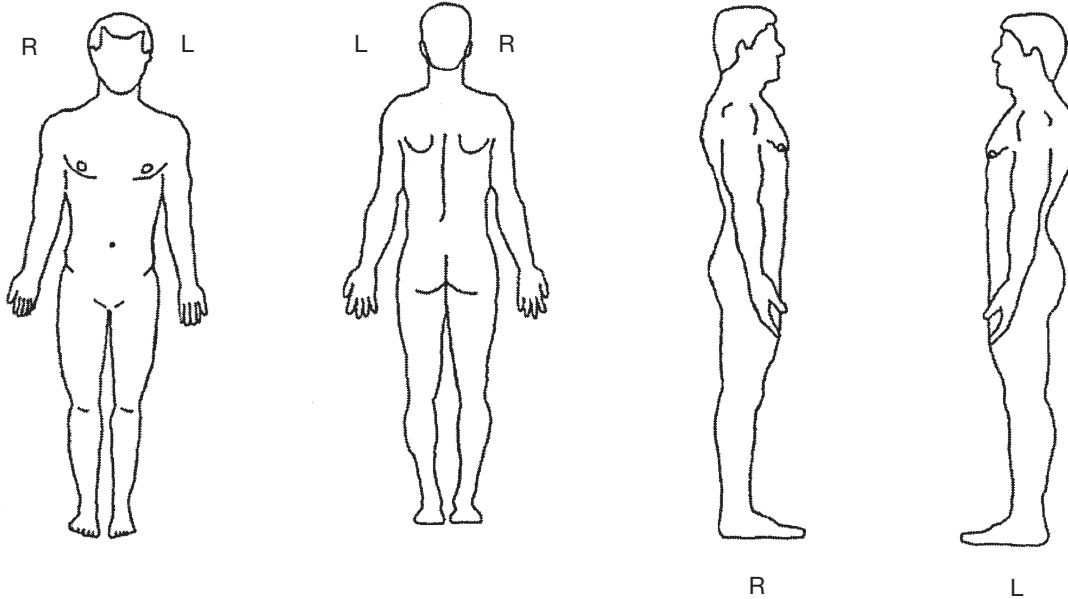
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 www.totalpaincare.org

Name: _____ Age: _____ Date: _____

Where is your pain located? (check)

- | | | |
|--|--|--|
| <input type="checkbox"/> low back | <input type="checkbox"/> left thigh | <input type="checkbox"/> right arm |
| <input type="checkbox"/> mid back | <input type="checkbox"/> right thigh | <input type="checkbox"/> left hand or wrist |
| <input type="checkbox"/> upper back | <input type="checkbox"/> left calf | <input type="checkbox"/> right hand or wrist |
| <input type="checkbox"/> neck | <input type="checkbox"/> right calf | <input type="checkbox"/> head |
| <input type="checkbox"/> chest | <input type="checkbox"/> left ankle or foot | <input type="checkbox"/> face |
| <input type="checkbox"/> abdomen | <input type="checkbox"/> right ankle or foot | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> groin | <input type="checkbox"/> left shoulder | _____ |
| <input type="checkbox"/> left buttock | <input type="checkbox"/> right shoulder | _____ |
| <input type="checkbox"/> right buttock | <input type="checkbox"/> left arm | |

INDICATE YOUR PAIN ON THIS DIAGRAM Show where you hurt by marking on the diagram. Use dots for numbness ::::: Use slash marks for pain \\\ Use any detail you like.



Please list three goals you would like for us to help you reach (other than reduction in pain).

1. _____
2. _____
3. _____

OSWESTRY DISABILITY QUESTIONNAIRE

Please check the number that most closely represents your **present** condition. **Please answer all items.**

Pain Intensity

- 0 I have no pain at the moment
- 1 The pain is very mild at the moment
- 2 The pain is moderate currently
- 3 The pain is fairly severe currently
- 4 The pain is very severe currently
- 5 The pain is the worst imaginable currently

Personal Care (Washing, Dressing, etc...)

- 0 I can look after myself without extra pain
- 1 I can look after myself with extra pain
- 2 It is painful to look after myself, I am slow and careful.
- 3 I need some help but can manage most myself
- 4 I need help every day in most aspects
- 5 I do not get dressed; wash with difficulty and stay in bed.

Lifting

- 0 I can lift heavy weights without extra pain
- 1 I can lift heavy weights but it gives me extra pain
- 2 Pain prevents me lifting heavy weights off the floor but I can manage them otherwise
- 3 Pain prevents me from lifting heavy weights but I can manage light or medium weights
- 4 I can only lift very light weights
- 5 I cannot lift or carry anything

Walking

- 0 Pain does not prevent me walking any distance
- 1 Pain prevents me walking more than 1 mile
- 2 Pain prevents me walking more than ½ mile
- 3 Pain prevents me walking more than ¼ mile
- 4 I can only walk using a stick or crutch
- 5 I am in bed most of the time

Sitting

- 0 I can sit in any chair as long as I want
- 1 I can only sit in my favorite chair as long as I like
- 2 Pain prevents me sitting more than 1 hour
- 3 Pain prevents me sitting more than 30 minutes
- 4 Pain prevents me sitting more than 10 minutes
- 5 Pain prevents me from sitting at all

Standing

- 0 I can stand as long as I want without extra pain
- 1 I can stand as long as I want with some extra pain
- 2 Pain prevents me standing more than 1 hour
- 3 Pain prevents me standing more than 30 minutes
- 4 Pain prevents me standing more than 10 minutes
- 5 Pain prevents me standing at all

Sleeping

- 0 My sleep is never disturbed by pain
- 1 My sleep is occasionally disturbed by pain
- 2 I sleep less than 6 hours because of my pain
- 3 I sleep less than 4 hours because of my pain
- 4 I sleep less than 2 hours because of my pain
- 5 Pain prevents me from sleeping at all

Social Life

- 0 My social life is normal and gives me no extra pain
- 1 My social life is normal but increases my pain
- 2 Pain has no significant effect on my social life apart from limiting my more energetic interests
- 3 Pain has restricted my social life and I do not go out as often
- 4 Pain has restricted my social life to my home
- 5 I have no social life because of my pain

Traveling

- 0 I can travel anywhere without pain
- 1 I can travel anywhere with extra pain
- 2 Pain is bad but I manage journeys of 2 hours
- 3 Pain restricts me to journeys less than 1 hour
- 4 Pain restricts me to journeys less than 20 minutes
- 5 Pain prevents me from traveling except for treatment

Employment and Homemaking

- 0 My normal job activities do not cause pain
- 1 My normal job activities increase my pain, but I can still perform what needs to be done
- 2 I can perform most of my job activities, but pain prevents me from physically rigorous ones
- 3 Pain prevents me from doing anything but light duties
- 4 Pain prevents me from doing even light duties
- 5 Pain prevents me from doing any job activities

Clinic use only below this line

Osw raw score _____

Times 2 = % score _____

Time of this Osw _____
(0, 1, 3, 6, 12 months)