

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Marital Status: M S W D Spouse's name \_\_\_\_\_ Occupation \_\_\_\_\_

Your E-mail Address for our newsletter \_\_\_\_\_

How did you hear of our office? \_\_\_\_\_ Health Insurance \_\_\_\_\_  
Please present any insurance cards to receptionist

Symptoms \_\_\_\_\_

Condition is to (A) Auto Accident (B) Work Injury (Your health insurance will not cover work related injuries. Incidents must be reported to your employer) (C) Illness (D) Other \_\_\_\_\_

Date condition began \_\_\_\_\_ Were you seen by any other doctors? yes / no

If so, by whom? \_\_\_\_\_

Time lost from work or school due to condition \_\_\_\_\_ Job Description (#lbs you lift,  
length of time sitting, etc. \_\_\_\_\_

Activities that aggravate your condition \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Indicate any history of alcohol or substance abuse \_\_\_\_\_

Current medications \_\_\_\_\_

Allergies \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Surgeries \_\_\_\_\_

Other current health conditions \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
PATIENT SIGNATURE OR PARENT IF MINOR

\_\_\_\_\_  
DATE

# NECK / UPPER BACK PAIN DISABILITY QUESTIONNAIRE

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

**Please read instructions carefully.**  
**This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage everyday life. Please read all statements in each section and check the box which most closely describes your problem.**

- SECTION 1 - PAIN INTENSITY**
- I have no pain at the moment.
  - The pain is very mild at the moment.
  - The pain is moderate at the moment.
  - The pain is fairly severe at the moment.
  - The pain is very severe at the moment.
  - The pain is worse than imaginable at the moment.

- SECTION 2 - PERSONAL CARE**
- I can look after myself normally without causing extra pain.
  - I can look after myself normally but it causes extra pain.
  - It is painful to look after myself and I am slow and careful.
  - I need some help but manage most of my personal care.
  - I need help every day in most aspects of self-care.
  - I do not get dressed. I wash with difficulty and stay in bed.

- SECTION 3 - LIFTING**
- I can lift heavy objects without any extra pain.
  - I can lift heavy objects, but it gives extra pain.
  - Pain prevents me from lifting heavy objects off the floor but I can manage if they are conveniently positioned on a table.
  - Pain prevents me from lifting heavy objects but I can manage light to medium objects.
  - I can lift very light objects.
  - I cannot lift or carry anything at all.

- SECTION 4 - READING**
- I can read as much as I want to with no pain.
  - I can read as much as I want to with light pain.
  - I can read as much as I want to with moderate pain.
  - I can't read as much as I want to because of moderate pain.
  - I can hardly read at all because of severe pain.
  - I cannot read at all.

- SECTION 5 - HEADACHES**
- I have no headache at all.
  - I have slight headaches which come infrequently.
  - I have moderate headaches which come infrequently.
  - I have moderate headaches which come frequently.
  - I have severe headaches which come frequently.
  - I have headaches almost all the time.

- SECTION 6 - CONCENTRATION**
- I can concentrate fully when I want to with no difficulty.
  - I can concentrate fully when I want to with slight difficulty.
  - I have a fair degree of difficulty in concentrating when I want to.
  - I have a lot of difficulty in concentrating when I want to.
  - I have a great deal of difficulty in concentrating when I want to.
  - I cannot concentrate at all.

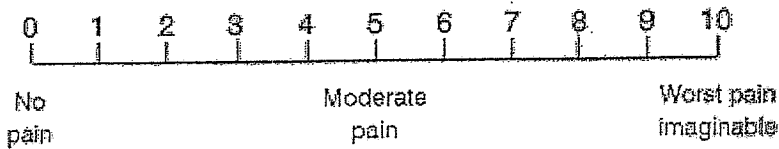
- SECTION 7 - WORK**
- I can do as much work as I want.
  - I can do only my usual work, but no more.
  - I can do most of my usual work, but no more.
  - I cannot do my usual work.
  - I can hardly work at all.
  - I can't do any work at all.

- SECTION 8 - DRIVING**
- I can drive without any pain.
  - I can drive as long as I want with slight pain.
  - I can drive as long as I want with moderate pain.
  - I can't drive as long as I want because of moderate pain.
  - I can hardly drive at all because of severe pain.
  - I can't drive at all.

- SECTION 9 - SLEEPING**
- I have no trouble sleeping.
  - My sleep is slightly disturbed (less than 1 hr. sleepless).
  - My sleep is mildly disturbed (1-2 hrs. sleepless).
  - My sleep is moderately disturbed (2-3 hrs. sleepless).
  - My sleep is greatly disturbed (3-5 hrs. sleepless).
  - My sleep is completely disturbed (5-7 hrs. sleepless).

- SECTION 10 - RECREATION**
- I am able to engage in all my recreational activities with no pain.
  - I am able to engage in all my recreational activities with some pain.
  - I am able to engage in most, but not all of my usual recreational activities because of pain.
  - I am able to engage in a few of my usual recreational activities because of pain.
  - I can hardly do any recreational activities because of pain.
  - I can't do any recreational activities at all.

Circle a number below to rate the severity of your pain



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# LOW BACK PAIN DISABILITY QUESTIONNAIRE

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

**Please read instructions carefully.**  
**This questionnaire has been designed to give the doctor information as to how your pain has affected your ability to manage everyday life. Please read all statements in each section and check the box which most closely describes your problem.**

## SECTION 1 - PAIN INTENSITY

- The pain comes and goes and is very mild
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is worse than imaginable at the moment.

## SECTION 2 - PERSONAL CARE

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed. I wash with difficulty and stay in bed.

## SECTION 3 - LIFTING

- I can lift heavy objects without any extra pain.
- I can lift heavy objects, but it gives extra pain.
- Pain prevents me from lifting heavy objects off the floor but I can manage if they are positioned on a table.
- Pain prevents me from lifting heavy objects but I can manage light to medium objects.
- I can lift very light objects.
- I cannot lift or carry anything at all.

## SECTION 4 - WALKING

- I have no pain on walking.
- I have some pain walking but it does not increase with distance.
- I cannot walk more than 1 mile without increasing pain.
- I cannot walk more than 1/2 mile without increasing pain.
- I cannot walk more than 1/4 mile without increasing pain.
- I cannot walk at all without increasing pain.

## SECTION 5 - STANDING

- I can stand as long as I want without pain.
- I have pain standing but it does not increase with time.
- I cannot stand for longer than 1 hr without increasing pain.
- I cannot stand longer than 1/2 hr without increasing pain.
- I cannot stand longer than 10 min without increasing pain.
- I avoid standing because it increases the pain right way.

## SECTION 6 - SITTING

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than half hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases my pain right away.

## SECTION 7 - WORK

- I can do as much work as I want.
- I can do only my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly work at all.
- I can't do any work at all.

## SECTION 8 - DRIVING

- I can drive without any pain.
- I can drive as long as I want with slight pain.
- I can drive as long as I want with moderate pain.
- I can't drive as long as I want because of moderate pain.
- I can hardly drive at all because of severe pain.
- I can't drive at all.

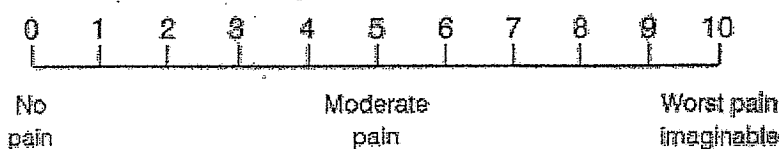
## SECTION 9 - SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless).
- My sleep is mildly disturbed (1-2 hrs. sleepless).
- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

## SECTION 10 - CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates but overall is getting better.
- My pain seems to be getting better but improvement is slow at present.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Circle a number below to rate the severity of your pain



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