



For Office Use Only
 Chart Number: _____
 Reviewed by: _____

SPECTRUM MEDICAL PHYSICAL THERAPY PAIN & SYMPTOMS QUESTIONNAIRE

Name: _____ Age: _____ Date: _____ Email: _____

What is your present condition and/or mechanism of injury? _____

What is your primary concern or chief complaint? _____

How would you describe your pain? _____

What makes the pain worse? _____

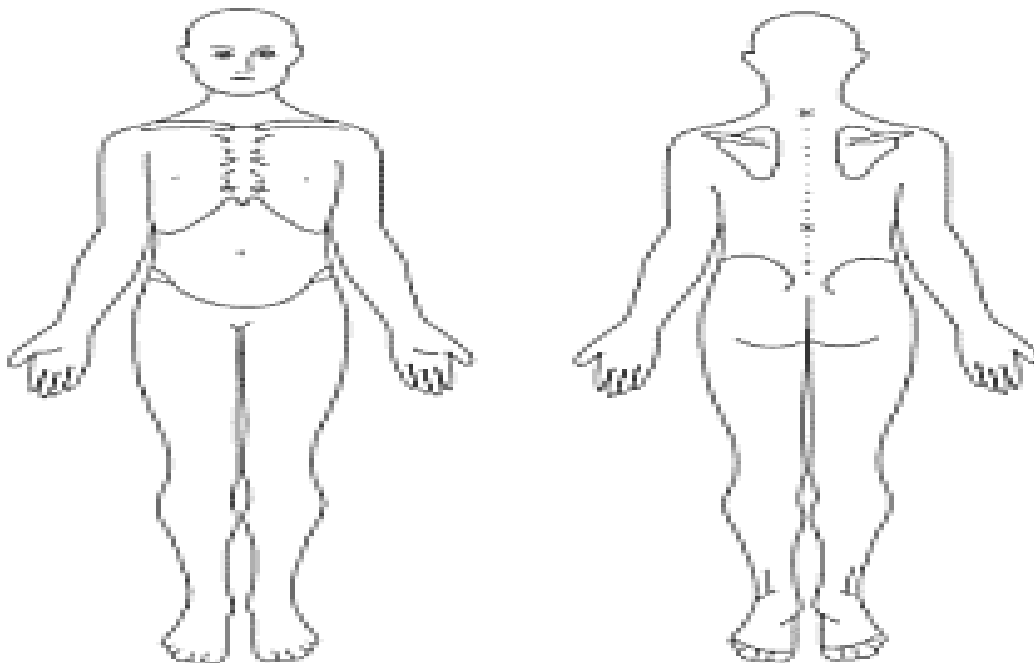
What eases your pain? _____

Rate the pain of your primary concern on the following scale by circling the number that best corresponds.

0 = None 5 = Moderate 10 = Extreme

Current Pain:	0	1	2	3	4	5	6	7	8	9	10
Best:	0	1	2	3	4	5	6	7	8	9	10
Worst:	0	1	2	3	4	5	6	7	8	9	10

Indicate where your pain is located and what type of pain you feel at the present time.



Please check **all** that apply to your medical history:

- Osteoarthritis
- Cardiovascular Disease
- Diabetes Mellitus Type 1
- Diabetes Mellitus Type 2
- Allergies
- Complication Factors
- Surgical History
- Previous Physical Therapy for this concern
- Psycho-Social
- History of Cancer
- Current Infection
- Immunosuppression
- Fracture or Suspected Fracture
- Cauda Equina Syndrome
- Diagnostic Testing (MRI, X-Ray, etc)
-

If you checked any of the above boxes, please explain. _____

How would you rate your overall general health? (Circle the **one** that applies best.)

Good Fair Poor

Please state your goal of physical therapy: _____

By signing below, I consent to a physical therapy evaluation and treatment.

Patient Signature: _____ Date: _____

SPECTRUM MEDICAL

PATIENT NAME: _____ CHART#: _____ DATE: _____

REVISED OSWESTRY LOW BACK QUESTIONNAIRE

Instructions: This Questionnaire has been designed to give is information as to how your back pain has affected your ability to manage on everyday life. Please answer every section and mark in each section only the one box that applies to you. We realize you may consider that two of the statements in any one section relate to you, but please mark the box that most closely describes your problem **Right Now**

Section 1- Pain Intensity

- A The pain comes and goes and is very mild.
- B The pain is mild and does not vary much.
- C The pain comes and goes and is moderate.
- D The pain is moderate and does not vary much.
- E The pain comes and goes and is severe.
- F The pain is severe and does not vary much.

Section 2- Personal Care (washing, dressing etc.)

- A I would not have to change my way of washing or dressing in order to avoid pain.
- B I do not normally change my way of washing or dressing even though it causes some pain.
- C Washing and dressing increases the pain, but I manage not to change my way of doing it.
- D Washing and dressing increases pain and I find it necessary to change my way of doing it.
- E Because of the pain, I am unable to do some washing and dressing without help.
- F Because of the pain, I am unable to do any washing or dressing without help.

Section 3- Lifting

- A I can lift heavy weights without extra pain.
- B I can lift heavy weights but it gives me extra pain.
- C Pain prevents me from lifting heavy weights off the floor.
- D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (eg. on a table.)
- E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- F I can only lift very light weights, at the most.

Section 4- Walking

- A Pain does not prevent me from walking any distance.
- B Pain prevents me from walking more than 1 mile.
- C Pain prevents me from walking more than ½ mile.
- D Pain prevents me from walking more than ¼ mile.
- E I can only walk using a stick and crutches.
- F I am in bed most of the time and have to crawl to the toilet.

Section 5- Sitting

- A I can sit in any chair as long as I like without pain.
- B I can only sit in my favorite chair as long as I like.
- C Pain prevents me from sitting more than 1 hour.
- D Pain prevents me from sitting more than ½ hour.
- E Pain prevents me from sitting more than 10 minutes.
- F Pain prevents me from sitting at all.

Section 6- Standing

- A I can stand as long as I want without pain.
- B I have some pain while standing, but it does not increase with time.

- C I cannot stand for longer than 1 hour without increasing pain.
- D I cannot stand for longer than ½ hour without increasing pain.
- E I cannot stand for longer than 10 minutes without increasing pain.
- F Pain prevents me from standing at all.

Section 7- Sleeping

- A I get no pain in bed.
- B I get pain in bed, but it does not prevent me from sleeping well.
- C Because of pain, my normal night's sleep is reduced by less than one-quarter.
- D Because of pain, my normal night's sleep is reduced by less than one-half.
- E Because of pain, my normal night's sleep is reduced by less than three-quarters.
- F Pain prevents me from sleeping at all.

Section 8- Social Life

- A My social life is normal and gives me no pain.
- B My social life is normal, but increases the degree of my pain.
- C Pain has no significant effect on my social life apart from limiting my more energetic interests eg. dancing etc.
- D Pain has restricted my social life and I do not go out very often.
- E Pain has restricted my social life to my home.
- F I have hardly any social life because of the pain.

Section 9- Traveling

- A I get no pain while traveling.
- B I get some pain while traveling but none of my usual forms of travel make it any worse.
- C I get extra pain while I'm traveling but it does not compel me to seek alternative forms of travel.
- D I get extra pain while traveling which compels me to seek alternative forms of travel.
- E Pain restricts all forms of travel.
- F Pain prevents all forms of travel except that done lying down.

Section 10- Changing Degree of Pain

- A My pain is rapidly getting better.
- B My pain fluctuates, but overall is definitely getting better.
- C My pain seems to be getting better, but improvement is slow at present.
- D My pain is neither getting better nor worse.
- E My pain is gradually worsening.
- F My pain is rapidly worsening.

Patient Initials: _____