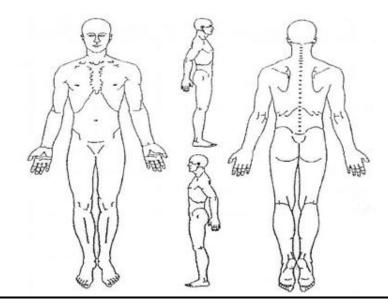
## **Disability Questionnaire**

Please mark your areas of pain on the figures below.



For each of the 6 categories below, please circle the number that best describes your typical level of activity as affected by your pain. A score of "0" means that you are **completely able to function** in all of your normal activities within the category, and a score of "10" signifies that you are **completely unable to function.** 

activiti	es within the ca	ategory,	and a	score of	'10'' sig	gnifies t	hat you	are <u>con</u>	<u>npletel</u>	y unabl	e to fur	nction.
1.	Family/Home around the house			_					•	_		luties performed Iren to school).
		□ 0	□ 1	□ 2	□ 3	□ <b>4</b>	□ 5	□ <b>6</b>	□7	□ 8	□9	□ 10
2.	Recreation - In	ncludes l	nobbies,	, sports, a	nd other	r similar	leisure 1	ime acti	vities.			
		□ 0	<b>1</b>	□ 2	□ 3	□ <b>4</b>	□ 5	□ <b>6</b>	<sub>-</sub> 7	□8	□9	□ 10
3.	Social Activities includes parties								quaintan	ces othe	r than fa	mily members. It
		□ 0	<b>1</b>	□ 2	□ 3	□ <b>4</b>	□ 5	□ <b>6</b>	<sub>-</sub> 7	□8	□9	□ 10
4.	Occupation – A as that of a hom			_		ectly rel	ated to o	ne's job	. This in	ncludes r	non-payi	ng jobs as well, such
		□ 0	□ 1	□ 2	□ 3	□ <b>4</b>	□ 5	□ <b>6</b>	<sub>-</sub> 7	□8	□9	□ 10
5.	Self Care – Ac dressed, driving		nat invo	lve perso	nal mai	ntenance	and inc	lepender	nt daily l	iving (i.	e. showe	ering, getting
		□ 0	□ 1	□ 2	□ 3	□ <b>4</b>	□ 5	□6	□ 7	□ 8	□9	□ 10
6.	Life Support A	Activities	s – Basi	c life-sup	porting	behavio	rs (i.e. e	ating, sle	eeping, l	oreathing	g, etc.).	
		□ 0	<b>1</b>	□ 2	□ 3	□ <b>4</b>	□ 5	□ <b>6</b>	<sub>-</sub> 7	□8	□9	□ 10
Signatu	re								Date _			



214 W Wackerly St. Suite 100 Midland, MI, 48640 989-837-5998

Please Read Instructions:   This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage in everyday life. In each section, please fill in ONE square which most closely describes your problem.   Section 1 — Pain Intensity	Name:	Chart # Date:
This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage in everyday life. In each section, please fill in ONE square which most closely describes your problem.		
Section 1 — Pain Intensity	<u></u>	as to how your low back pain has affected your ability to manage in
Section 1 — Pain Intensity		
A. Tea pain comes and goes and is very mild.   C. 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.   D. The pain is moderate and does not vary much.   D. The pain is moderate and does not vary much.   D. The pain is moderate and does not vary much.   D. The pain is moderate and does not vary much.   D. The pain comes and goes and is wray nevere.   F. The pain is severe and doesn't vary much.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than 10 minutes without increasing pain.   D. Leannot stand for longer than 10 minutes without increasing pain.   D. Leannot stand for longer than 10 minutes without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain.   D. Leannot stand for longer than one hour without increasing pain in D. D. Leannot most appears of several pain.   D. Leannot moderate and for longer than one hour without increasing pain in Ded to the decay day in mortal night sleep is reduced by < ½4.   D. Leannot moderate and to season selected by < ½9.   D. Pain prevents me from lifting heavy weights, but I causes extra pa		
□ C. The pain comes and goes and is moderate. □ D. The pain is moderate and does not vary much. □ E. The pain is moderate and does not vary much. □ E. The pain is severe and does not vary much. □ D. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ E. I cannot stand for longer than 10 minutes without increasing pain. □ D. I cannot stand for longer than 10 minutes without increasing pain. □ D. I cannot walk more than 10 minutes. □ D. Pain prevents me from lifting heavy weight soff the floor □ D. Pain prevents me from lifting heavy weights off the floor □ D. Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned. □ E. Pain have no pain while traveling but none of my usual forms of		☐ A. I can stand as long as I want without pain.
□ D. The pain is moderate and does not vary much. □ F. The pain is ever and doesn't vary much. □ R. The pain is ever and doesn't vary much. □ R. The pain is ever and doesn't vary much. □ R. The pain is ever and doesn't vary much. □ R. I cannot stand for longer than 10 minutes without increasing pain. □ R. I cannot stand for longer than 10 minutes without increasing pain. □ R. I cannot stand for longer than 10 minutes without increasing pain. □ R. I cannot stand for longer than 10 minutes without increasing pain. □ R. I cannot stand for longer than 15 minutes without increasing pain. □ R. I cannot stand for longer than 15 minutes without increasing pain. □ R. I cannot stand for longer than 15 minutes without increasing pain. □ R. I cannot stand for longer than 15 hour without increasing pain. □ R. I cannot stand for longer than 15 minutes without increasing pain. □ R. I cannot stand for longer than 15 hour without increasing pain. □ R. I cannot stand for longer than 15 hour without increasing pain. □ R. I cannot stand for longer than 15 hour without increasing pain. □ R. I cannot stand for longer than 15 hour without intreasing pain. □ R. I cannot stand for longer than 15 hour without increasing pain. □ R. I cannot stand for longer than 15 hour stand plan in the standing standing because it increases the pain straight away.  Section 7 - Sleeping □ A. I get pain in bed but it does not prevent me from sleep in winder than 5 hin pain winder and life. □ R. B. Eacause of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by < ½. □ R. Because of pain my normal night's sleep is reduced by		☐ B. I have some pain on standing but it does not increase with time.
□ E. The pain comes and goes and is very severe. □ F. The pain is severe and doesn't vary much. □ R. I can look after myself normally without causing extra pain. □ B. I can look after myself normally but it causes extra pain. □ D. I need some help but can manage most of my personal care. □ F. I do not get dressed. I wash with difficult and stay in bed. □ F. I do not get dressed. I wash with difficult and stay in bed. □ P. I need help every day in most aspects of self-care. □ F. I do not get dressed. I wash with difficult and stay in bed. □ D. I need some help but can manage most of my personal care. □ F. I alon of get dressed. I wash with difficult and stay in bed. □ F. I alon of get dressed. I wash with difficult and stay in bed. □ D. Pain prevents me from lifting heavy weights off the floor □ D. Pain prevents me from lifting heavy weights, but can manage light-medium weights if they are conveniently positioned. □ F. I can only lift very light weights at the most. □ F. I cannot walk more than one mile without increasing pain. □ C. I can not walk more than one mile without increasing pain. □ C. I can not walk more than for my claim as long as I like. □ D. I cannot walk as all without increasing pain. □ E. I can only sit in my favorite chair as long as I like. □ C. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain prevents me from sitting more than no hour. □ D. Pain		
F. The pain is severe and doesn't vary much.   Section 2 — Personal Care		□ D. I cannot stand for longer than ½ hour without increasing pain.
Section 2 — Personal Care  A. I can look after my self normally but it causes extra pain.  B. I can look after my self normally but it causes extra pain.  C. It is painful to look after my self and I am slow and careful.  D. I need some help but can manage most of my personal care.  E. I need help every day in most aspects of self-care.  E. I need help every day in most aspects of self-care.  E. I need help every day in most aspects of self-care.  E. I need help every day in most aspects of self-care.  E. I need help every day in most aspects of self-care.  E. I need help every day in most aspects of self-care.  E. I need help every day in most aspects of self-care.  E. I and inf heavy weight without extra pain.  B. I can inf heavy weight without extra pain.  C. Pain prevents me from lifting heavy weights off the floor  D. Pain prevents me from lifting heavy weights, but can manage if they are conveniently positioned.  E. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.  E. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.  E. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.  E. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.  E. Pain prevents me from lifting heavy weights, but I can manage light-medium weights if they are conveniently positioned.  E. Pain prevents all forms of travel make it any worse.  Section 4 — Walking  A. I pet no pain my normal night's sleep is reduced by < ½/4.  E. Because of pain my normal night's sleep is reduced by < ½/4.  E. Because of pain my normal night's sleep is reduced by < ½/4.  E. Because of pain my normal night's sleep is reduced by < ½/4.  E. Because of pain my normal night's sleep is reduced by < ½/4.  E. Because of pain my normal night's sleep is reduced by < ½/4.  E. Because of pain my norma		-
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<ul> <li>□ B. I can look after my normally but it causes extra pain.</li> <li>□ C. It is painful to look after myself and I am slow and careful.</li> <li>□ D. I need some help but can manage most of my personal care.</li> <li>□ E. I need help every day in most aspects of self-care.</li> <li>□ F. I do not get dressed. I wash with difficult and stay in bed.</li> <li>Section 3 — Lifting</li> <li>□ A. I can lift heavy weight without extra pain.</li> <li>□ B. I can lift heavy weight but it gives extra pain.</li> <li>□ C. Pain prevents me from lifting heavy weights, but can manage if they are conveniently positioned.</li> <li>□ F. I can only lift very light weights at the most.</li> <li>Section 4 — Walking</li> <li>□ A. I have no pain walking.</li> <li>□ D. I cannot walk more than 0 ne mile without increasing pain.</li> <li>□ C. I cannot walk more than ½ mile without increasing pain.</li> <li>□ D. I cannot walk more than ½ mile without increasing pain.</li> <li>□ D. I cannot walk more than ½ mile without increasing pain.</li> <li>□ D. I cannot walk more than 1/4 mile without increasing pain.</li> <li>□ D. I cannot walk more than 1/4 mile without increasing pain.</li> <li>□ D. I cannot walk more than 1/4 mile without increasing pain.</li> <li>□ D. I cannot walk more than 1/4 mile without increasing pain.</li> <li>□ D. I cannot walk more than 1/4 mile without increasing pain.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D. P ain prevents me from sitting more than one bour.</li> <li>□ D.</li></ul>	Section 2 — Personal Care	
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·	☐ F. I avoid sitting because it increases pain straight away.	☐ F. My pain is rapidly worsening.
Score:	Office Use Only:	
		Score:

Signature: \_



214 W Wackerly St. Suite 100 Midland, Ml, 48640 989-837-5998

Neck Pain and	d Disability Index
Name:	Chart # Date:
Please Read Instructions:	
This questionnaire has been designed to give the doctor information of	as to how your neck pain has affected your ability to manage in eye d
Ii e. In each section, please fill in ONE square which most closely de	
Section 1 — Pain Intensity	Section 6— Concentration
□ A. I have no pain at the moment.	☐ A. I can concentrate fully when I want with no difficulty.
□ B. The pain is very mild at the moment.	☐ B. I can concentrate fully when I want with slight difficulty.
☐ C. The pain is work mine at the moment.	☐ C. I have a fair degree of difficulty in concentrating when I want.
□ D. The pain is fairly severe at the moment.	□ D. I have a lot of difficulty in concentrating when I want.
☐ E. The pain is very severe at the moment.	☐ E. I have a great degree of difficulty in concentration when I want.
☐ F. The pain is the worst imaginable at the moment.	☐ F. I cannot concentrate at all.
Section 2 — Personal Care	Section 7 — Work
☐ A. I can look after myself normally without causing extra pain.	☐ A. I can do as much work as I want.
☐ B. I can look after myself normally but it causes extra pain.	☐ B. I can only do my usual work but no more.
□ C. It is painful to look after myself and I am slow and careful.	☐ C. I can do most of my usual work but no more.
☐ D. I need some help but can manage most of my personal care.	□ D. I can hardly do any work at all.
☐ E. I need help every day in most aspects of self-care.	□ E. I cannot do my usual work.
☐ F. I do not get dressed. I wash with difficulty and stay in bed.	☐ F. I can't do any work at all.
Section 3 — Lifting	Section 8 — Driving
□ A. I can lift heavy weight without extra pain.	☐ A. I can drive my car without any neck pain.
□ B. I can lift heavy weight but it gives extra pain.	☐ B. I can drive my car as long as I want with slight pain in my neck.
☐ C. Pain prevents me from lifting heavyweights, but I can manage if they	☐ C. I can drive my car as long as I want with single pain in my neck.
are conveniently positioned.	
☐ D. Pain prevents me from lifting heavy weights, but I can manage light-	<ul> <li>□ D. I can't drive my car as long as I want because of moderate pain.</li> <li>□ E. I can hardly drive at all because of severe pain in my neck.</li> </ul>
medium weights if they are conveniently positioned.	☐ F. I can't drive my car at all.
☐ E. I can lift very light weights at the most.	1.1 can't drive my car at an.
☐ F. I cannot lift or carry anything at all.	
Section 4 — Reading	Section 9 — Sleeping
☐ A I can read as much as I want with no pain in my neck.	☐ A. I have no trouble sleeping.
□ B. I can read as much as I want with slight pain in my neck	☐ B. My sleep is slightly disturbed (less than I hr. sleepless.).
☐ C. I can read as much as I want with moderate pain in my neck.	☐ C. My sleep is mildly disturbed (1-2 hrs. sleepless).
□ D. I can't read as much as I want because of moderate pain in my neck.	☐ D. My sleep is moderately disturbed (2-3 hrs. sleepless).
☐ E. I can hardly read at all because of severe pain in my neck.	☐ E. My sleep is greatly disturbed (3-5 hrs. sleepless).
☐ F. I cannot read at all.	☐ F. My sleep is completely disturbed 5-7 hrs. sleepless).
Section 5 — Headaches	Section 10 — Recreation
□ A. I have no headaches at all.	☐ A. I am able to engage in all recreational activities with no neck pain.
□ B. I have slight headaches which come infrequently.	☐ B. I am able to engage in all my recreational activities, with some pain in my
□ C. I have moderate headaches which come infrequently.	
• •	neck.
□ D. I have moderate headaches which come frequently.	☐ C. I am able to engage in most, but not all of my usual recreational activitie
☐ E. I have severe headaches which come frequently.	because of pain in my neck.
☐ F. I have headaches almost all the time.	☐ D. I am able to engage in a few of my usual recreational activities because of pain in my neck.
	☐ E. I can hardly do any recreational activities because of pain. ☐ F. I can't do an recreational activities at all.
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- · · · · · · · · · · · · · · · · · · ·	Score:
	Score.
I understand that the information I have provided above is	current and complete to the best of my knowledge.

Signature: