Katie Holstein, D.C., 325 Water St., Toms River, NJ 08753

732-569-3241

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

Areas of Pain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Pain Intensity 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

NO INTERMITTENT MILD MODERATE SEVERE WORST

PAIN PAIN PAIN PAIN PAIN POSSIBLE PAIN

1. Sleeping 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

PERFECT INTERMITTENTLY MILDLY MODERATELY GREATLY TOTALLY

SLEEP DISTURBED DISTURBED DISTURBED DISTURBED DISTURBED

3. Personal Care 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

(washing, dressing, etc.) NO PAIN INTERMITTENT MILD PAIN MODERATE PAIN STRONG PAIN SEVERE

NO SOME NEED TO NEED SOME NEED 100% PAIN

RESTRICTIONS RESTRICTIONS GO SLOWLY ASSSSTANCE ASSISTANCE

4. Travel 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

(driving etc.) NO PAIN INTERMITTENT PAIN MILD PAIN MODERATE PAIN MODERATE PAIN SEVERE PAIN

ON LONG ON LONG ON LONG ON LONG ON SHORT ON SHORT

TRIPS TRIPS TRIPS TRIPS TRIPS TRIPS

5. Work 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

CAN DO USUAL CAN DO USUAL CAN DO 75% CAN DO 50% CAN DO 25% CANNOT WORK

WORK; PLUS WORK; NO OF USUSAL OF USUAL OF USUAL

UNLIMITED EXTRA EXTRA WORK WORK WORK WORK

6. Recreation 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

CAN DO CAN DO CAN DO CAN DO A CANNOT DO

ALL ACTIVITIES MOST ACTIVITIES SOME ACTIVITIES FEW ACTIVITIES ANY ACTIVITIES

7. Frequency of Pain 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

NO OCCASIONAL PAIN OCCASIONAL PAIN INTERMITTENT PAIN FREQUENT PAIN CONSTANT PAIN

PAIN 10% OF DAY 25% OF DAY 50% OF DAY 75% OF DAY 100% OF DAY

1. Lifting 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

NO PAIN WITH INTERMITTENT PAIN ↑ PAIN WITH ↑ PAIN WITH ↑ PAIN WITH ↑PAIN WITH

HEAVY WEIGHT WITH HEAVY WEIGHT HEAVY WEIGHT MODERATE WEIGHT LIGHT WEIGHT ANY WEIGHT

9. Walking 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

NO PAIN ↑ PAIN AFTER ↑ PAIN AFTER ↑ PAIN AFTER ↑PAIN AFTER ↑ PAIN WITH

ANY DISTANCE LONG DISTANCE I MILE AFTER ½ MILE AFTER ¼ MILE ALL WALKING

10. Standing 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

NO PAIN AFTER ↑ PAIN AFTER ↑ PAIN AFTER ↑ PAIN AFTER ↑PAIN AFTER ↑PAIN WITH

SEVERAL HOURS SEVERAL HOURS 2 HOUR 1 HOURS ½ HOUR ANY STANDING

11.Other:\_\_\_\_\_\_\_\_\_\_\_ 0\_\_\_\_\_\_\_2\_\_\_\_\_\_\_4\_\_\_\_\_\_\_6\_\_\_\_\_\_\_8\_\_\_\_\_\_\_10

NO PAIN AFTER ↑ PAIN AFTER ↑ PAIN AFTER ↑ PAIN AFTER ↑PAIN AFTER ↑PAIN WITH

SEVERAL HOURS SEVERAL HOURS 2 HOUR 1 HOURS ½ HOUR ANY STANDING

Patient Signature: \_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Dr. Initials: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_