

Patient Name: _____ Today's Date: _____

Date of Injury: _____ Work Auto Other

1. What is the purpose of today's visit?

- Test results
- Discuss possible surgery
- Physical therapy follow-up
- Restrictions needed
- Other: _____

2. Have your symptoms changed since your last visit? Yes No

Explain:

3. What is your current working situation?

- Full-time
- Part-time
- Unemployed
- Other: _____

4. Has your medical history changed since your last visit? Yes No

Explain:

5. Has your family/social history changed since your last visit? Yes No

Explain:

6. What medications are you currently taking? _____

7. Do you have any allergies? _____

Nurse's Notes

Doctor's Notes
Imaging
Assessment
Plan

John G. Stark, M.D., P.A.

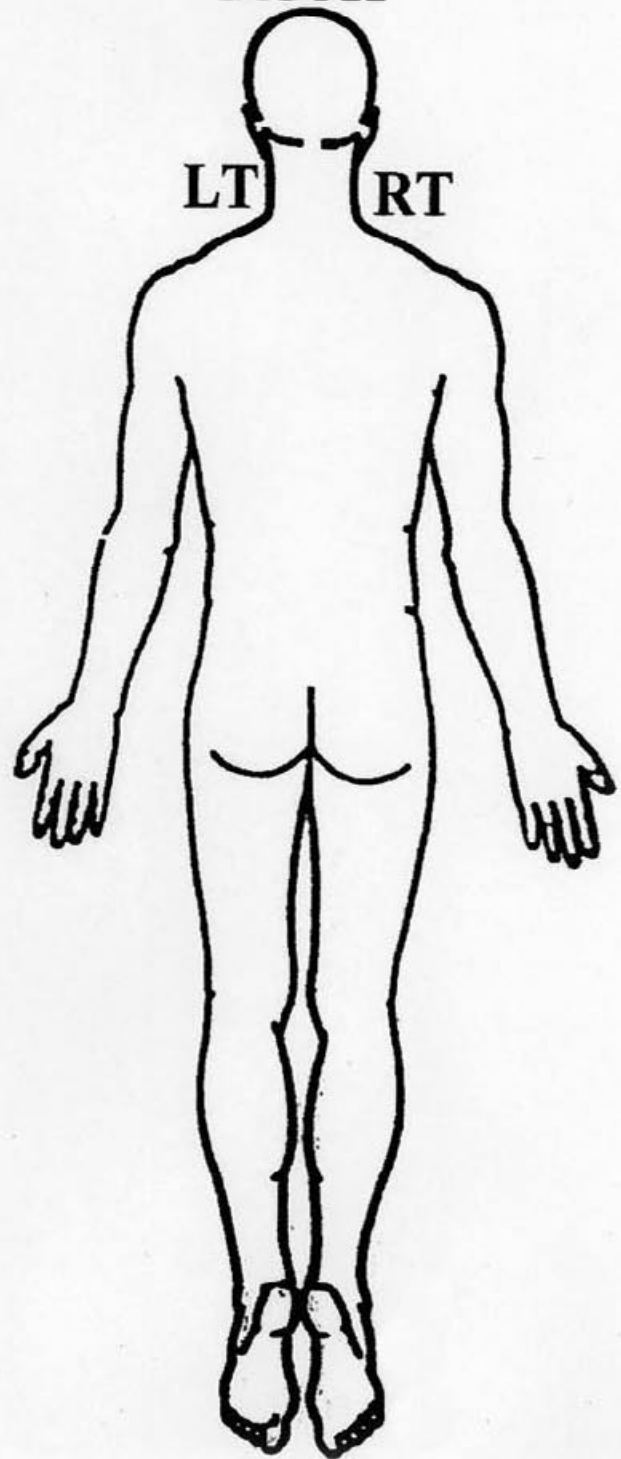
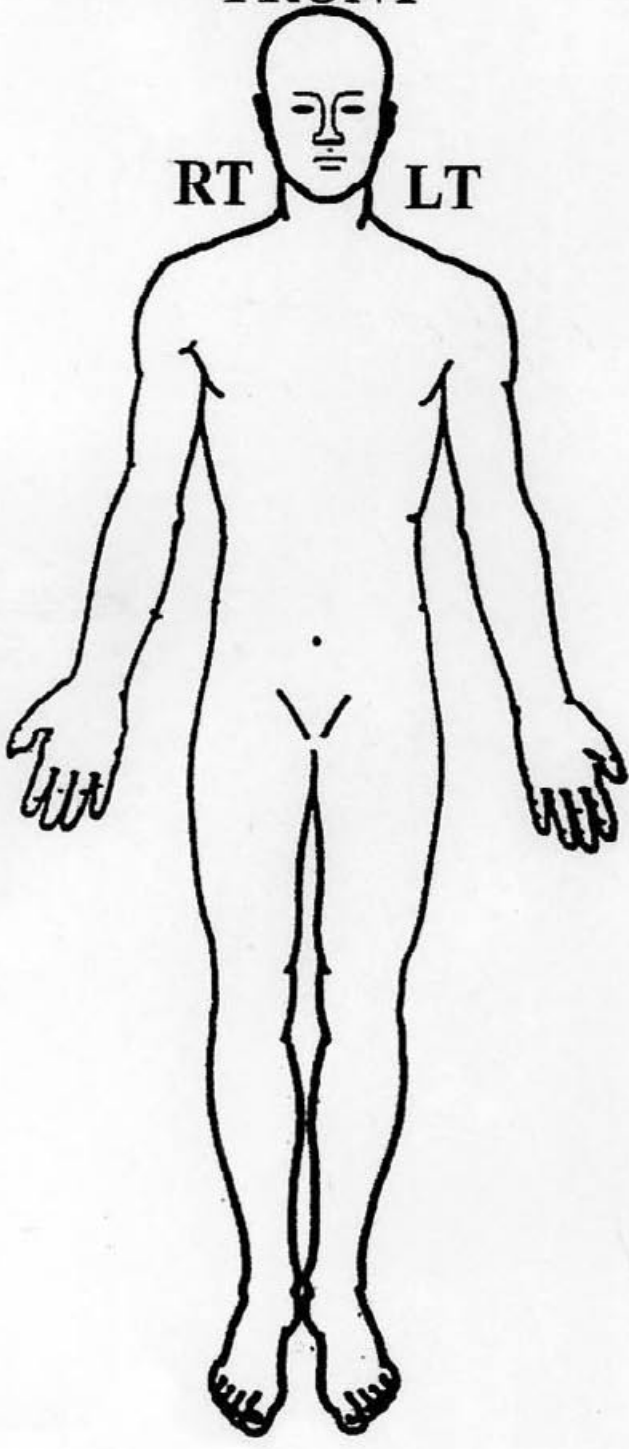
Name: _____ Date: _____

Mark the appropriate areas on your body where you feel the described sensation. Please use the correct symbols. Also mark completely areas of radiation, and include all of the affected areas.

- | | | | | | |
|-----------------|---------|---------------------------|-----------|-------------------------|-----------|
| Numbness | ■ ■ ■ ■ | Burning Sensation | ~~~~~ | Pins and Needles | ○ ○ ○ ○ ○ |
| Aching | ■ ■ ■ ■ | Stabbing Sensation | V V V V V | Tightness | X X X X X |

FRONT

BACK



John G. Stark, M.D.,P.A.
Orthopedic Surgery

825 Nicollet Mall, Suite 715, Minneapolis, MN 55402
 (612) 332-2324

Patient Name _____ Date _____

Make an "X" on the line to answer the following questions:

1. How bad is your pain?
 No pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible
2. How bad is the pain at night?
 No pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible
3. Does the pain interfere with your lifestyle?
 No pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total Change in Lifestyle
4. How good are painkillers for your pain?
 Complete Relief | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | No Relief
5. How stiff is your back?
 No Stiffness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Stiffness
6. Does your pain interfere with walking?
 No problem | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Cannot Walk
7. Do you hurt when you walk?
 No pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Pain
8. Does your pain keep you from standing still?
 Can Stand as Long as I Want | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Cannot Stand at All
9. Does your pain keep you from twisting?
 No Problem | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Cannot Twist
10. Does your pain allow you to sit in a hard chair?
 Can Sit as Long as I Want | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Cannot sit in Hard Chair
11. Does your pain allow you to sit in a soft chair?
 No Problem | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Cannot Sit in Soft Chair
12. Do you have back pain when lying in bed?
 No pain | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible
13. How much does your pain limit your lifestyle?
 No Limit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Cannot do Anything
14. Does your pain interfere with your work?
 No Problem | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Totally cannot work
15. How much have you had to change your workplace because of your back pain?
 No Change | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | So Much, Cannot Keep a Job

Total Score _____

NAME _____

DATE _____

What does your **back** pain feel like?
Circle only those words that best describe your **back** pain. Leave out any category not suitable.
Use only **one** word per category.

1 Flickering Quivering Pulsing Throbbing Beating Pounding	2 Jumping Flashing Shooting	3 Pricking Boring Drilling Stabbing Lancinating	4 Sharp Cutting Lacerating	5 Pinching Pressing Gnawing Cramping Crushing	6 Tugging Pulling Wrenching	7 Hot Burning Scalding Searing
8 Tingling Itchy Smarting Stinging	9 Dull Sore Hurting Aching Heavy	10 Tender Taut Rasping Splitting	11 Tiring Exhausting	12 Sickening Suffocating	13 Fearful Frightful Terrifying	14 Punishing Grueling Cruel Vicious Killing
15 Wretched Binding	16 Annoying Troublesome Miserable Intense Unbearable	17 Spreading Radiating Penetrating	18 Tight Numb Drawing Squeezing Tearing	19 Cool Cold Freezing	20 Nagging Nauseating Agonizing Dreadful Torturing	

What does your **leg** pain feel like?
Circle only those words that best describes your **leg** pain. Leave out any category not suitable.
Use only **one** word per category.

1 Flickering Quivering Pulsing Throbbing Beating Pounding	2 Jumping Flashing Shooting	3 Pricking Boring Drilling Stabbing Lancinating	4 Sharp Cutting Lacerating	5 Pinching Pressing Gnawing Cramping Crushing	6 Tugging Pulling Wrenching	7 Hot Burning Scalding Searing
8 Tingling Itchy Smarting Stinging	9 Dull Sore Hurting Aching Heavy	10 Tender Taut Rasping Splitting	11 Tiring Exhausting	12 Sickening Suffocating	13 Fearful Frightful Terrifying	14 Punishing Grueling Cruel Vicious Killing
15 Wretched Binding	16 Annoying Troublesome Miserable Intense Unbearable	17 Spreading Radiating Penetrating	18 Tight Numb Drawing Squeezing Tearing	19 Cool Cold Freezing	20 Nagging Nauseating Agonizing Dreadful Torturing	

Oswestry Disability Questionnaire

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement **which most clearly 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 the worst imaginable at the moment

Section 2: Personal Care (eg. washing, dressing)

- 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 can manage most of my personal care
- I need help every day in most aspects of self-care
- I do not get dressed, wash with difficulty and stay in bed

Section 3: Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives me extra pain
- Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed eg. on a table
- Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

Section 4: Walking*

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 2 kilometres
- Pain prevents me from walking more than 1 kilometre
- Pain prevents me from walking more than 500 metres
- I can only walk using a stick or crutches
- I am in bed most of the time

Section 5: Sitting

- I can sit in any chair as long as I like
- I can only sit in my favourite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Section 6: Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

Section 7: Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours sleep
- Because of pain I have less than 4 hours sleep
- Because of pain I have less than 2 hours sleep
- Pain prevents me from sleeping at all

Section 8: Sex Life (if applicable)

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

Section 9: Social Life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. sport
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

Section 10: Travelling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment