

MOTOR VEHICLE ACCIDENT FORM

Name _____ Date of Accident _____

Number of vehicles involved _____ City / State of Accident _____

Describe the accident _____

What did the vehicle do immediately following the accident? hit a guardrail hit a tree
 rolled over was run off the road other _____

Were you the driver front passenger rear passenger

Were you surprised by impact? unaware aware but relaxed aware and braced for impact

Vehicle you were in was a small size mid size full size suv truck

Other vehicle was a small size mid size full size suv truck

Did you lose consciousness? yes no

How was your head positioned? _____

Did any part of your body strike anything inside the car yes no

If yes, please explain _____

Were you wearing a seatbelt? yes no

Which doors, if any, would not open as a result of the accident? _____

Check the symptoms you have experienced from the time of the accident to present

- chest pain ear buzzing memory loss fatigue headaches
- irritability jaw problems dental problems dizziness nausea

Are your symptoms worsening? yes no

Did you go to the hospital or treatment facility? yes no (if no, go to bottom of page)

Where _____

When immediately following next day 2 days or more following

How ambulance private transportation

Were you hospitalized over night? _____

Were you prescribed pain medication muscle relaxors neck brace

Were x-rays taken? If yes, which areas? _____

I Certify That The Above Information Is Correct To The Best Of My Knowledge.

Patient Signature _____ Date _____

REVISED OSWESTRY DISABILITY

Name _____ Date ____/____/____ File # _____

(Please Print)

This questionnaire helps us to understand how much your low back pain has affected your ability to perform everyday activities. Please check the one box in each section that most clearly describes your problem right now.

SECTION 1 - Pain Intensity

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

SECTION 2 - Personal Care (Washing, Dressing, etc.)

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

SECTION 3 - Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights at the most.

SECTION 4 - Walking

- I have no pain on walking.
- I have some pain on walking but it does not increase with distance.
- I cannot walk more than one 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 - Sitting

- I can sit in any chair as long as I like without pain.
- I can sit only 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 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- I avoid sitting because it increases pain immediately.

SECTION 6 - Standing

- I can stand as long as I want without pain.
- I have some pain on standing, but it does not increase with time.
- I cannot stand for longer than one hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing, because it increases the pain immediately.

SECTION 7 - Sleeping

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain, my normal night's sleep is reduced by less than 1/4.
- Because of pain, my normal night's sleep is reduced by less than 1/2.
- Because of pain, my normal night's sleep is reduced by less than 3/4.
- Pain prevents me from sleeping at all.

SECTION 8 - Social Life

- My social life is normal and gives me no 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., dancing, etc.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

SECTION 9 - Traveling

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

SECTION 10 - Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates, but overall is definitely getting better.
- My pain seems to be getting better, but improvement is slow.
- My pain is neither getting better nor getting worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

NECK DISABILITY INDEX

Name _____ Date ____/____/____ File # _____
(Please Print)

This questionnaire helps us to understand how much your neck pain has affected your ability to perform everyday activities. Please check the one box in each section that most clearly describes your problem right now.

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 (Washing, Dressing etc.)

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

SECTION 4 - Reading

I can read as much as I want to with no pain in my neck
 I can read as much as I want to with slight pain in my neck.
 I can read as much as I want with moderate pain in my neck.
 I can't read as much as I want because of moderate pain in my neck.
 I can hardly read at all because of severe pain in my neck.
 I cannot read at all.

SECTION 5 - Headaches

I have no headaches 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 to.
 I can only do 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 do any work at all.
 I cannot do any work at all.

SECTION 8 - Driving

I can drive my car without any neck pain.
 I can drive my car as long as I want with slight pain in my neck.
 I can drive my car as long as I want with moderate pain in my neck.
 I can't drive my car as long as I want because of moderate pain in my neck.
 I can hardly drive at all because of severe pain in my neck.
 I can't drive my car 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 recreation activities with no neck pain at all.
 I am able to engage in all my recreation activities, with some pain in my neck.
 I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
 I am able to engage in a few of my usual recreation activities because of pain in my neck.
 I can hardly do any recreation activities because of pain in my neck.
 I can't do any recreation activities at all.