

Patient Name Date		
Do you have neck pain?		
☐ Yes ☐ No If yes, please fill out the following in regards to your neck pain:		
Cervical Visual Analog Scale (VAS) - (Please rate your pain on a scale of 0 to 10: 0 indic moderate pain, and 10 indicating the worst possible pain. Please check only one box wit	= -	
Left Shoulder Pain VAS Pain Scale		
☐ New Pain ☐ Existing Pain ☐ New Numbness ☐ Existing Numbness		
Right Shoulder Pain VAS Pain Scale 0 1 2 3 4 5 6 7 8 9 10		
☐ New Pain ☐ Existing Pain ☐ New Numbness ☐ Existing Numbness		
Left Arm Pain VAS Pain Scale		
☐ New Pain ☐ Existing Pain ☐ New Numbness ☐ Existing Numbness		
Right Arm Pain VAS Pain Scale		
☐ New Pain ☐ Existing Pain ☐ New Numbness ☐ Existing Numbness		
Left Hand Pain VAS Pain Scale		
☐ New Pain ☐ Existing Pain ☐ New Numbness ☐ Existing Numbness		
Right Hand Pain VAS Pain Scale		
☐ New Pain ☐ Existing Pain ☐ New Numbness ☐ Existing Numbness		
Cervical Pain VAS Pain Scale		
☐ New Pain ☐ Existing Pain ☐ New Numbness ☐ Existing Numbness	Place Label Here	

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Place Label Here



NECK DISABILITY INDEX

This questionnaire has been designed to give your health care provider information as to how your neck pain has affected your ability to manage in everyday life. Please answer every question by placing a mark on the line that best describes your condition today. You may feel that two of the statements may describe your condition, but **please mark only the line which most closely describes your**

current condition.	Componentian
Pain Intensity	ConcentrationI can concentrate fully when I want to with no difficulty.
I have no pain at the moment.	I can concentrate fully when I want to with slight difficulty.
The pain is very mild at the moment.	I have a fair degree of difficulty in concentrating when I
The pain is welly finite at the momentThe pain is moderate at the moment.	want to.
The pain is fairly severe at the moment.	I have a lot of difficulty in concentrating when I want to.
The pain is very severe at the moment.	I have a great deal of difficulty concentrating when I want to.
	I cannot concentrate at all.
The pain is the worst imaginable at the moment.	I Cannot concentrate at an.
Personal Care (Washing, Dressing, etc.)	Work
I can look after myself normally without causing extra pain.	I can do as much work as I want to.
I can look after myself normally, but it causes extra pain.	I can only do my usual work but no more.
It is painful to look after myself and I am slow and careful.	I can do most of my usual work, but no more.
I need some help, but manage most of my personal care.	I cannot do my usual work.
I need help every day in most aspects of self care.	I can hardly do any work at all.
I do not get dressed, I wash with difficulty and stay in bed.	I cannot do any work at all.
Lifting	Driving
I can lift heavy weights without increased pain	I can drive my car without any neck pain.
I can lift heavy weights but it causes increased pain	I can drive my car as long as I want with slight pain in my
Pain prevents me from lifting heavy weights off of the floor,	neck.
but can manage if they're conveniently positioned (ex. on	I can drive my car as long as I want with moderate pain in
table)	my neck.
Pain prevents me from lifting heavy weights off of the floor,	I cannot drive my car as long as I want because of moderate
but I can manage light to medium weights	pain in my neck.
if they are conveniently positioned.	I can hardly drive at all because of severe pain in my neck.
I can lift only very light weights.	I cannot drive my car at all.
I cannot lift or carry anything at all.	
	Sleeping
Reading	I have no trouble sleeping.
I can read as much as I want to with no pain in my neck.	My sleep is slightly disturbed (less than 1 hour sleep loss).
I can read as much as I want to with slight pain in my neck.	My sleep is mildly disturbed (1-2 hour sleep loss).
I can read as much as I want with moderate pain in my neck.	My sleep is moderately disturbed (2-3 hours sleep loss).
I cannot read as much as I want because of moderate pain	My sleep is greatly disturbed (3-5 hours sleep loss).
in my neck.	My sleep is completely disturbed (5-7 hours sleep loss).
I cannot read as much as I want because of severe pain in	
my neck.	Recreation
I cannot read at all.	I am able to engage in all my recreational activities with no
Carmot read at an.	neck pain at all.
Headache	I am able to engage in all my recreational activities with
I have no headache at all.	some pain in my neck.
I have slight headaches which come infrequently.	I am able to engage in most but not all of my usual
I have moderate headaches which come infrequently.	recreational activities because of pain in my neck.
I have moderate headaches which come frequently.	I am able to engage in a few of my usual recreational
I have severe headaches which come frequently.	activities because of pain in my neck.
I have headaches almost all the time.	I can hardly do any recreational activities because of pain in
	my neck.
	I cannot do any recreational activities at all.

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Kenai Spine

MAIN OFFICE: 240 Hospital Place, Suite 103 Soldotna, Alaska 99669

Clinical Outcome Intake Form for new spine patients on first visit only.

Your care is very important to us. For us to manage your care, please answer all questions on this form.		
Patient information	3 Your expectations	
	What result do you expect from your care?	
Today's Date First name Last name □ Day	Relief from pain symptoms ☐ Yes ☐ No ☐ Doesn't apply	
Phone number (A nurse may call to follow up) Doctor you will see today	Return to your job	
Sex: ☐ Male Your age: ☐ <18 Do you smoke? ☐ Yes	Return to leisure activities ☐ Yes ☐ No ☐ Doesn't apply	
☐ Female ☐ 18-64 ☐ No ☐ 65+	Improved sleep ☐ Yes ☐ No ☐ Doesn't apply	
Tell us about your symptoms	How do symptoms affect your life	
Do you have weakness in a foot or hand? ☐ Yes ☐ No	Which of the following describes you currently? ☐ Working ☐ Not working because of back or neck problem	
How long have you suffered from these symptoms? □ ≤ 6 weeks □ 7 to 12 weeks □ 4 months or more	 □ Not working because of another health problem □ Homemaker, retired or unemployed 	
Do you have pain radiating PAST your knee or elbow?	Did your back or neck injury happen at work? ☐ Yes ☐ No	
☐ Yes ☐ No	The following are activities you might do in a day. Does your back or neck pain limit you in these activities, and if so, how much?	
Does your leg or arm ever go numb? ☐ Yes ☐ No	Lifting or carrying groceries ☐ Limited a lot ☐ Limited a little ☐ Not limited at all	
Have you had back or neck surgery before? ☐ Yes ☐ No	Climbing several flights of stairs	
	☐ Limited a lot ☐ Limited a little ☐ Not limited at all	
Does your back or neck pain wake you up at night? ☐ Yes ☐ No	Standing for 30 minutes ☐ Limited a lot ☐ Limited a little ☐ Not limited at all	
How many pills do you take each day for pain relief? \Box No pills \Box 1 to 4 pills \Box 5 or more pills daily	We may have a nurse call you to follow up on your symptoms and	
Circle your pain level on a scale of 1 to 10, with 1 being no pain at all, and 10 being extreme pain.	check to see how you are doing 3 months from now. Is it okay for us to call you at the number you provided above? ——————————————————————————————————	
no pain extreme pain	COPYRIGHT © 2013 PRIZM DEVELOPMENT INC. • INITIAL PATIENT ASSESSMENT V2013	

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