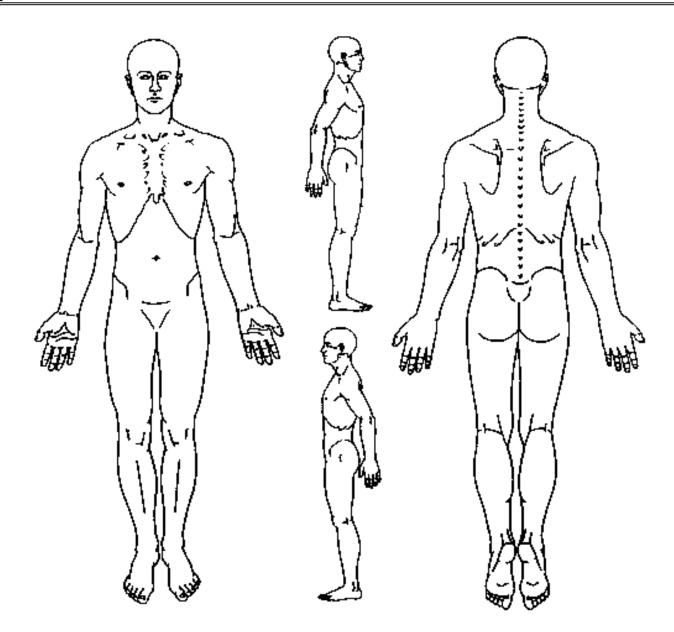
Wunderlich Chiropractic Clinic, P.A. Dr. Chance Wunderlich 1402 Lafayette Street, Cape Coral, FL 33904 239-540-9888

NAME	DATE

On the diagram below, please indicate where you are experiencing pain, right now. Please complete both sides of this form.



A = ACHE **P** = PINS & NEEDLES **B** = BURNING **S** = STABBING N = NUMBNESSO = OTHER

Wunderlich Chiropractic Clinic, P.A. Dr. Chance Wunderlich

1402 Lafayette Street, Cape Coral, FL 33904 239-540-9888

Oswestry Neck Disability Index Questionnaire

This questionnaire is designed give your physician information as to how much your neck pain has affected your ability to manage everyday activities. Please answer each Section by checking the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just check the one choice which closely describes your problem *right now*.

Pain Intensity	Concentration
□ I have no pain at the moment.	 I can concentrate fully when I want to with no difficulty.
☐ The pain is very mild at the moment.	 I can concentrate fully when I want to with slight difficulty.
☐ The pain is moderate at the moment.	☐ I have a fair degree of difficulty in concentrating when I
☐ The pain is fairly severe at the moment.	want to.
☐ The pain is very severe at the moment.	☐ I have a lot of difficulty in concentrating when I want to.
☐ The pain is the worst imaginable at the moment.	 I have a great deal of difficulty in concentrating when I want to.
Personal Care (Washing, Dressing, etc.)	☐ I cannot concentrate at all.
□ I can look after myself normally without causing increased	
pain.	Work
□ I can look after myself normally, but it causes increased	☐ I can do as much work as I want to.
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 causing increased pain.	☐ I can drive my car without any neck pain.
☐ I can lift heavy weights, but it causes increased pain.	☐ I can drive as long as I want with slight pain in my neck.
☐ I can manage light to medium weights if they are	☐ I can drive as long as I want with moderate pain in my
conveniently positioned.	neck.
☐ I can lift very light weights.	 I cannot drive as long as I want because of moderate pain
* * *	in my neck.
□ I cannot lift or carry anything at all.	☐ I can hardly drive at all because of severe pain in my neck
Dooding	☐ I cannot drive my car at all.
Reading	- I defined drive my dar at an.
☐ I can read as much as I want to with no pain in my neck.	Sleeping
☐ I can read as much as I want to with slight pain in my	☐ I have no trouble sleeping.
neck.	 My sleep is slightly disturbed (less than 1 hour sleepless).
☐ I can read as much as I want to with moderate pain in my	 My sleep is slightly disturbed (less than 1 hour sleepless). My sleep is mildly disturbed (1-2 hours sleepless).
neck.	
☐ I cannot read as much as I want because of moderate	
pain in my neck.	My sleep is greatly disturbed (3-5 hours sleepless).
 I cannot read as much as I want because of severe pain in my neck. 	My sleep is completely disturbed (5-7 hours sleepless).
□ I cannot read at all.	Recreation
Headaches	 I am able to engage in all of my recreational activities with no neck pain at all.
	 I am able to engage in all of my recreational activities with
☐ I have no headaches 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 recreational
☐ I have moderate headaches which come infrequently.	activities because of my neck pain.
☐ I have moderate headaches which come frequently.	☐ I am able to engage in a few of my recreational activities
☐ I have severe headaches which come frequently.	because of pain in my neck.
☐ I have headaches almost all of the time.	☐ I can hardly do any recreational activities because of pain
	in my neck.
	☐ I cannot do any recreational activities at all