

## SUBJECTIVE ANALYSIS

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

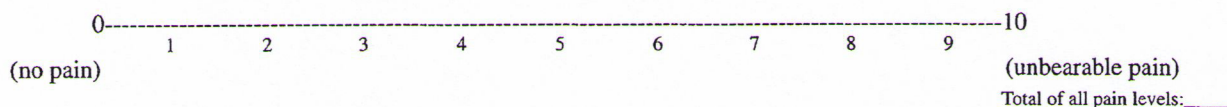
Attending Dr.: \_\_\_\_\_

Date: \_\_\_\_\_

(Initial / Re-exam)

### VISUAL ANALOG SCALE

(please indicate the pain level you are currently experiencing  
by writing each involved body area on the scale below)



### ACTIVITIES OF DAILY LIVING

People with spinal pain may find that certain activities are restricted or difficult to do.

Circle all activities that you find difficult to do now:

- ▶ Sleep through the night
- ▶ Get out of bed
- ▶ Make your bed
- ▶ Bathe yourself
- ▶ Wash, comb or dry hair
- ▶ Bend over a sink for 10 minutes
- ▶ Go to the bathroom
- ▶ Put on socks, shoes or clothing
- ▶ Walk up one flight of stairs
- ▶ Walk down one flight of stairs
- ▶ Crawl on all fours
- ▶ Turn a door knob
- ▶ Open a heavy door
- ▶ Sit in a chair for 30 minutes
- ▶ Sit and work at a desk for one hour
- ▶ Get up from a low seat
- ▶ Cross legs
- ▶ Walk one mile
- ▶ Stand for 30 minutes
- ▶ Travel on journeys that take over one hour
- ▶ Push or pull vacuum cleaner or lawn mower
- ▶ Carry laundry basket, groceries or a small child
- ▶ Wash windows or walls
- ▶ Bend over to clean bathtub
- ▶ Shovel snow or dirt
- ▶ Use pencil, scissors, screwdriver, or pliers
- ▶ Lift a heavy suitcase (about 40 pounds)
- ▶ Reach in front or overhead to high shelves
- ▶ Enjoy hobbies or social activities
- ▶ Enjoy sexual activities

Total # ADL items circled: \_\_\_\_\_

Subjective total: \_\_\_\_\_

Circle any of the following conditions you are currently experiencing:

- ▶ Neck or back weakness
- ▶ Restricted movement of neck or back
- ▶ Persistent tender areas in muscles around neck or back
- ▶ "Catch" or "kink" in neck or back

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SUBJECTIVE and OBJECTIVE NUMERICAL OUTCOME MEASURE ASSESSMENT