

PROGRESS DATA

Patient Name : **Date :**

ID # _____

Follow-up Period: 4 weeks 3 months 6 months 9 months 12 months

Rate your back or neck pain level TODAY on a 0-10 scale (0 no pain, 10 worst imaginable)

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

What has been your last 3 DAY AVERAGE back or neck pain on a 0-10 scale?

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

What has been your last 3 DAY WORST back or neck pain on a 0-10 scale?

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

Condition compared to pre-treatment:

- 1. Very marked deterioration
- 2. Moderate deterioration
- 3. Slight deterioration
- 4. No Change
- 5. Slight Improvement
- 6. Moderate Improvement
- 7. Very Marked Improvement
- 8. Complete Relief

<i>"Are you having, or intending to have, any other form of treatment for your back pain outside of what was provided in this study?"</i>	NO	YES
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Current Co-treatments: (check those that apply)

- Physical Therapy
- Exercises
- Massage
- Acupuncture
- Manipulation (e.g. chiropractic)
- Narcotic meds (opiates)
- Anti-inflammatory meds
- Anti-depressants meds
- Anti-seizure meds
- Non-narcotic pain meds

Please specify pain medication/dose/day

FOUR ACTIVITIES OF DAILY LIVING				
A. Transfer from Inception data				
B. Indicate if ADL restored or not.				RESTORED
1.	NO	A BIT	A LOT	FULLY
2.	NO	A BIT	A LOT	FULLY
3.	NO	A BIT	A LOT	FULLY
4.	NO	A BIT	A LOT	FULLY

Work:

Same Occupation : Yes No

New Occupation: description _____

- Status:
- Working FT Same duties Reduced duties
 - Working PT due to pain Same duties Reduced duties
 - Working PT due to other non-pain related reasons
 - Not working due to pain
 - Not working due to other non-pain related reasons
 - Unemployed seeking employment with reduced duties
 - Unemployed seeking employment without reduced duties
 - Unemployed not-seeking employment
 - Retired Homemaker Student
 - Other _____