

# Cervical/Upper Back

Name \_\_\_\_\_

Date \_\_\_\_\_

## Functional Index

*Choose the one answer in each section that best describes your condition*

### WALKING

- Symptoms do not prevent me walking any distance.
- Symptoms prevent me walking more than 1 mile.
- Symptoms prevent me walking more than ½ mile.
- Symptoms prevent me walking more than ¼ mile.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

### 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 (only light duty).
- I cannot do any work at all.

### PERSONAL CARE

- I can manage all personal care without symptoms.
- I can manage all personal care with some increased symptoms
- Personal care requires slow, concise movements due to increased symptoms.
- I need help to manage some personal care.
- I need help to manage all personal care.
- I cannot manage any personal care.

### SLEEPING

- I have no trouble sleeping.
- My sleep is mildly 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).

### RECREATION/SPORTS

- I am able to engage in all my recreational/sports activities without increased symptoms.
- I am able to engage in all my recreational/sports activities with some increased symptoms
- I am able to engage in most, but not all of my usual recreational/sports activities because of increased symptoms.
- I am able to engage in a few of my usual recreational/sports activities because of my increased symptoms.
- I can hardly do any recreational/sports activities because of increased symptoms.
- I cannot do any recreational/sports activities at all.

### 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.

### HEADACHES

- I have no headaches at all.
- I have slight headaches which come less than 3 per week.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come 4 or more per week.
- I have severe headaches which come frequently.
- I have headaches almost all of the time.

### READING

- I can read as much as I want without increased symptoms.
- I can read as much as I want with slight symptoms.
- I can read as much as I want with moderate symptoms.
- I cannot read as much as I want because of moderate symptoms.
- I can hardly read at all because of severe symptoms.
- I cannot read at all.

### DRIVING

- I can drive my car or travel without any extra symptoms.
- I can drive my car or travel as long as I want with slight symptoms.
- I can drive my car or travel as long as I want with moderate symptoms.
- I can hardly drive at all or travel because of severe symptoms.
- I cannot drive my car or travel at all.

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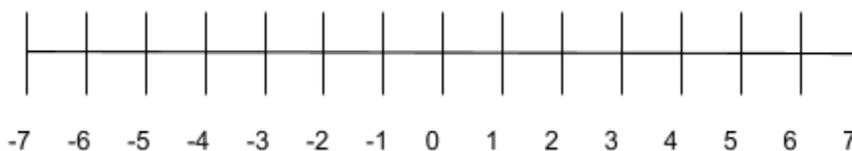
## Functional Index

*Choose the one answer in each section that best describes your condition*

### LIFTING

- I can lift heavy weights without extra symptoms.
- I can lift heavy weights but it gives extra symptoms.
- My symptoms prevent me from lifting heavy weights but I manage if they are conveniently positioned (e.g. on a table).
- My symptoms prevent me from lifting heavy weights but I manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

How would you describe yourself now compared to your first treatment at our clinic?



Very Much Worse

Unchanged

Completely Recovered