

### 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>	<b>NO</b>	<b>YES</b>
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**Current Co-treatments:** (check those that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Physical Therapy                 | <input type="checkbox"/> Anti-inflammatory meds |
| <input type="checkbox"/> Exercises                        | <input type="checkbox"/> Anti-depressants meds  |
| <input type="checkbox"/> Massage                          | <input type="checkbox"/> Anti-seizure meds      |
| <input type="checkbox"/> Acupuncture                      | <input type="checkbox"/> Non-narcotic pain meds |
| <input type="checkbox"/> Manipulation (e.g. chiropractic) |   |
| <input type="checkbox"/> Narcotic meds (opiates)          |   |

Please specify pain medication/dose/day

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

**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 \_\_\_\_\_