

FALLS EFFICACY SCALE

Patient _____

Date _____

Please circle the number on how confident you are doing these activities as you feel right now today

Take a bath or Shower

Very Confident: 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Reach into cabinets or closets

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Walk around the house

Very Confident: 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Prepare meals not requiring heavy or hot objects

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Get in and out of bed

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Answer the door or telephone

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Get in and out of a chair

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Getting dressed and undressed

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Personal grooming (i.e. washing you face, brushing/combing hair)

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Getting on and off the toilet

Very Confident 1 2 3 4 5 6 7 8 9 10: Not Confident at All

Neck Pain

PAIN DISABILITY INDEX

NAME _____

DATE _____

The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. *A score of 0 means no disability at all, and a score of 10 signifies that of all of the activities in which you normally be involved have been totally disrupted or prevented by your pain.*

Family/home responsibilities: This category refers to activities of the home or family. It includes chores performed around the house and errands or favors for other family members.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Recreation: This category includes hobbies, sports, and other similar leisure time activities.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Social Activity: This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out and other social functions.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Occupation: This category refers to activities that are part of or directly related to one's job. This includes non paying jobs as well, such as housekeeper or volunteer worker.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Sexual behavior: this category refers to the frequency and quality of ones sex life;

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Self-care: This category refers to the ability to dress, bathe, groom and preform necessary daily activities.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Life Support activity: This category refers to basic life-supporting behaviors such as eating, sleeping and breathing.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

NECK DISABILITY INDEX

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the box which MOST CLOSELY describes your problem.**

Section 1 - Pain Intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Section 2 -- Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, I wash with difficulty and stay in bed.

Section 3 -- Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

Section 4 -- Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want with moderate pain.
- I can't read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

Section 5-Headaches

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have slight headaches which come frequently.
- I have moderate headaches which come infrequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered a significant activities of daily living disability.
 (Score x 2) / (Sections x 10) = %ADL

Section 6 -- 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.

Section 7—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.
- I can't do any work at all.

Section 8 -- Driving

- I drive my car without any neck pain.
- I can drive my car as long as I want with slight pain in my neck.
- I can drive my car as long as I want with moderate pain in my neck.
- I can't drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive my car at all because of severe pain in my neck.
- I can't drive my car at all.

Section 9 -- Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless).
- My sleep is moderately disturbed (1-2 hrs. sleepless).
- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-4 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

Section 10 -- Recreation

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities, with some pain in my neck.
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I can't do any recreation activities at all.

Comments _____ %ADL