

Subjective Analysis



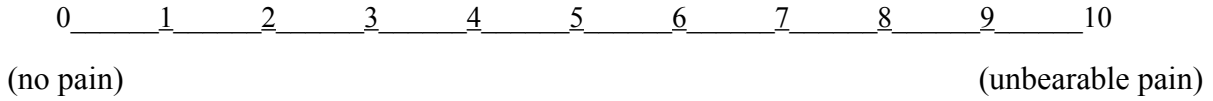
Name _____

Attending doctor: _____

Date: _____

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 vertebral subluxation may find that certain activities are restricted or difficult to do. Circle the numbers that correlate to the activities that you find difficult to do because of your condition (there is room to write in others shown below as well):

- | | |
|---|---|
| 1. Sleep through the night | 17. Walk for ___ minutes |
| 2. Get out of bed easily | 18. Stand for ___ minutes |
| 3. Make your bed | 19. Exercise for ___ minutes |
| 4. Bathe yourself | 20. Travel on a journey that takes over ___ hours |
| 5. Wash, comb or dry hair | 21. Push/pull vacuum cleaner or mower |
| 6. Bend over a sink for 10 minutes | 22. Carry items like groceries/child or boxes, etc. |
| 7. Go to the bathroom | 23. Wash the floors, kitchen or bathroom |
| 8. Put socks, shoes or clothing on/take them off | 24. Shovel snow or dirt |
| 9. Walk up ___ flights of stairs | 25. Bend over to garden |
| 10. Walk down ___ flights of stairs | 26. Use hand held tools (pencil, hammer, screw driver, etc) |
| 11. Turn a door knob | 27. Reach in front or overhead to perform a task |
| 12. Open a heavy door | 28. Enjoy hobbies or social activities |
| 13. Sit in a chair for ___ minutes before discomfort | |
| 14. Sit in a chair for ___ minutes before the need to stretch | |
| 15. Get up from a low seat | |
| 16. Cross legs for ___ minutes | |

Circle any of the following conditions you are currently experiencing or are suffering from:

1. Neck or back weakness
2. Restricted movement of neck or back
3. Persistent tender areas in muscles of neck or back
4. "Catch" or "kink" in neck or back

Total # ADL items circled: _____

Subjective total: _____

Patient Signature: _____

Date: _____