Patient Check List for Whiplash-Associated Disorders (example # 1)

This data check list is intended as a guide to the assessment and treatment of a whiplash patient/claimant with Grade I or Grade II WAD injuries. The checklist is not an exhaustive list and does not take into consideration any non-WAD injuries.

History (PATIENT/CLAIMANT TO COMPLETE)

1. Symptom Checklist

For each symptom, check YES (if present) or NO (if not present), and rate severity on a scale of 0 to 10 where indicated 0 is "No Pain" and 10 is "pain as bad as it could be."

Neck or shoulder pain YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Upper or Mid-back pain YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Low back pain YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Headache YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Pain in Arm(s) YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Pain in Hand(s) YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Pain in Face or Jaw YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Pain in Leg(s) YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Pain in Foot/Feet YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Pain in Abdomen or Chest YES NO

No Pain									Pain as Bad as Could Be	
0	1	2	3	4	5	6	7	8	9	10

Feeling of numbness, tingling in arms or hands	YES	NO
Feeling of numbness, tingling in legs or feet	YES	NO
Dizziness or unsteadiness	YES	NO
Vision problems	YES	NO
Hearing problems	YES	NO
Anxiety or worry	YES	NO
Nausea or vomiting	YES	NO
Difficulty swallowing	YES	NO

	Problems concentrating or with memory	YES	NO
2.	***Loss of consciousness***	YES	NO

3. ***Have the injuries prevented you from carrying out any of the following:***

    Daily home activities (Ask patient/claimant to explain)
    Employment (Ask patient/claimant to explain)
    Schooling (Ask patient/claimant to explain)
    Sports or recreation
    Other (Ask patient/claimant to explain)

4. ***Do you think your injury will:***

    get better soon
    get better slowly
    never get better
    don't know