



8-point Injury Severity Questionnaire

Subjective Injury Severity Rating

Answer the questions below using the following scale:

0 = Not at all 1 = Somewhat 2 = Significantly

- (A) Hit by a larger vehicle..... _____
- (B) Our car was pushed..... _____
- (C) Our car was moving slower than the other. _____
- (D) Our car was impacted on the side or front... _____
- (E) I have a relatively small body frame, thin neck. _____
- (F) Pain before the accident in the same area... _____
- (G) Pain within 12 hours of accident..... _____
- (H) Tingling in your legs or arms..... _____
- (I) If rear-impact, top of headrest below ears _____
- (J) If female, add 2 points. _____
- (K) My head was turned.-- add 1 if significantly _____
- (L) If side-impact, add 2 points. _____

Severity/Prognosis Scale¹⁻³⁾

0-5 = Mild; small likelihood of long-term symptoms

6-10 = Moderate likelihood of long-term symptoms

>10 = Severe; high likelihood of long-term symptoms

TOTAL SCORE

STOP HERE. The Doctor Fills out this part.

Objective Injury Severity Rating											tissue damaged			
Region involved	LOW Localized &/or Subtle Dysfunction or Damage (w/No Tearing)			MODERATE Regional &/or Moderate Dysfunction or Damage (w/ Partial Tearing)			HIGH Regional &/or Dramatic Dysfunction or Damage (w/ Significant Tearing)			MUSCLE	LIGAMEN	JOINT	BONE	
	1	2	3	4	5	6	7	8	9					10
Head	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMJ	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Back	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SI) Joints	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cent. Nerv. Sys.	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- 1) *Injury* 1993 Feb; 24(2):75-78. Neck injuries from rear impact road traffic accidents; prognosis in persons seeking compensation.
- 2) *European Spine journal* 2001; 10(1):44-49. The relation between initial symptoms and signs and the prognosis of whiplash.
- 3) *Pain Research & Management*. 2003 Summer;8(2):69-75. Risk factors of poor prognosis after whiplash injury.