

Initial questionnaire



Please answer all items and fill in all blanks.
These answers will help us to evaluate and care for your back and neck problems.

Date

Name

Age

Date of Birth

Which Doctor referred you?

Where is your pain?

When did the pain first begin?

What do you think is the major cause of your problems?

Describe how and when these problems started:

Since your spinal pain began is it: Increasing Decreasing The same

Have you had any other spinal pain before this current episode?

Age and date of first ever spinal pain:

Did the prior spinal problem get better?

Please fill out the appropriate sections: Back pain / Neck pain.

Fill out both sections if you have both back and neck problems, then continue with General section.

Back Pain

Does the back pain: come and go or is it always present?

Is the pain in your back: sharp like a knife or an aching pain? other (describe)

What makes it worse?

What makes it better?

Do you have pain in your legs? Yes No

Which leg? Right Left Both What kind of pain is it? Sharp Aching Burning

Does the pain go below the knees? Yes No

Which part of the thigh is painful? Inside Outside Back Front Whole Thigh

Which part of the calf is painful? Inside Outside Back Front

Which part of the foot is painful? Top Bottom Inside Outside

Do your legs get numb?

Which areas?

Do your legs get Weak? Yes No Which bothers you more: Back Legs Equal

Please assign a percentage to the pain, (for example, 60% back 40% leg) dividing the pain as above or below the hip.
Back % , Leg %

Neck Pain

Does the neck pain: come and go or is it always present?

Is the pain in your neck : sharp like a knife or an aching pain? other (describe)

What makes it worse?

What makes it better?

Do you have pain in the arms? Yes No

Does the arm pain: come and go or is it always present?

Which arm? Right Left Both If both, which is worse?

What kind of pain is it?

Do your arms get weak? Yes No

Does the pain go below the elbows? Yes No

Do your arms get numb? Yes No

Which areas are painful or numb?

Which bothers you more: Neck Arms Equal

Please assign a percentage to the pain (for example 60% neck and 40% arm) Neck % , Arm %

General

On a scale of 0 to 10, 0 being no pain and 10 being the worst pain in the world, how bad is your pain:

On average? At worst ? (example 6-7, 9)

Has the pain affected your sex life?

Date of last normal sexual intercourse

What activities have you stopped because of this pain? (work, housework, recreational, social)

Is the pain and disability so severe that you would consider surgery for some relief?

How many minutes can you sit _____, stand _____, walk _____, ride in a car _____ before you have to stop because of spinal pain?

How many hours of sleep do you get each night?

Do you have full control of your bowels and bladder?

If no please describe

What happens to your legs when you walk?

What is the farthest distance you can walk? (example 1 block or 1/2 mile)

What stops you?

Have you seen any other doctors, clinics, Emergency Rooms, or Hospitals for your current spinal problem? Please list:

Name	Address	Date of 1st visit	Date of last visit
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Do you have an Attorney for this episode of pain?

List name, address and telephone number:

List people who need a copy of any medico-legal reports:

Have you had physical therapy for your back/neck? Yes No

When was the last time you went?

How many weeks did you go to therapy?

Did you have (check each that apply): Traction Ultrasound Tens Massage
 Back strengthening machine Back school Exercises: What types?

Did therapy help? A lot A little Temporarily None Made it worse

Have you had a program of work hardening? Yes No

How long (in weeks)? Dates

Have you taken an anti inflammatory medication? (Motrin, Vioxx, Celebrex, Bextra, Naprosyn, etc.) Yes No

Medication	Dosage	Frequency
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Medication	Dosage	Frequency
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Does it help? A lot A little None

Have you taken any other medications for your back or neck problems?

Medication	Dosage	Frequency
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Medication	Dosage	Frequency
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Medication	Dosage	Frequency
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Have you used a back brace or corset? Yes No When?

Did it help? A lot A little None

Do you walk or exercise daily? Yes No

Do you do spinal exercises daily? Yes No

Have you had a Myelogram? Yes No Where? Latest date

Have you had an MRI? Yes No Where? Latest date

Have you had a CT Scan? Yes No Where? Latest date

Have you had a Bone Scan? Yes No Where? Latest date

Have you had plain X rays? Yes No Where? Latest date

Have you had Discograms? Yes No Where? Latest date

Have you had Facet Blocks? Yes No Where? Latest date

Have you had Epidurals? Yes No Where? Latest date

Have you had EMGS? Yes No Where? Latest date

Have you had any surgery on the back or neck? Yes No

Please list below:

Date	Surgeon	What Operation?	Did it help?

Work history

When did you last work or do normal activities?

Have you returned to work? Yes No Date

Have you been released back to work? Yes No Date

Normal duties Light What Restrictions?

Have you been dismissed? Yes No

Time on the job before this episode?

Do you plan to return to this job? Yes No

Do you want a different job? Yes No

What will it take for you to return to work?

Have you lost any other time off work for other episodes of spinal pain? Yes No

Give details:

List your hobbies and recreational activities

Do you smoke? Yes No How much?

Did you smoke in the past? Yes No

How long ago did you quit? How much did you smoke?

Did you drink any alcohol? Yes No How much?

Have you ever used addictive drugs? Yes No

Please show the location of your pain using the symbols below:

Ache	Burning	Numbness	Pins and Needles	Stabbing	Other
AAAAA	-----	o o o o o	* * * * *	/////	x x x x
AAAAA	-----	o o o o o	* * * * *	/////	x x x x

