A. Please complete ONLY if you are here because of BACK or LEG pain:

1. Does your back or your leg bother you more?  0 back  0 leg
2. Which leg hurts more?  0 right  0 left
3. Do you have pain that goes below your knees?  0 Yes  0 No
4. There is:  0 weakness in the feet or legs  0 NO weakness in the feet or legs
5. The worst position for my pain is (check one only):  0 sitting  0 standing  0 walking  0 lying down
6. How many minutes can you stand in one place without pain?  0 0-10  0 15-30  0 30-60  0 60+
7. How many blocks can you walk without pain?  0 0-3  0 4-7  0 1 mile  0 2 miles or more
8. Lying down:  0 improves the pain  0 worsens the pain  0 has no effect
9. Bending forward:  0 improves the pain  0 worsens the pain  0 has no effect
10. Bending backwards:  0 improves the pain  0 worsens the pain  0 has no effect

B. Please complete ONLY if you are here because of NECK or ARM pain:

1. Does your neck or your arm bother you more?  0 neck  0 arm
2. Which arm is hurting more?  0 right  0 left
3. Raising the arm:  0 improves the pain  0 worsens the pain  0 has no effect
4. Moving the neck:  0 improves the pain  0 worsens the pain  0 has no effect
5. There is:  0 weakness in the hands or arms  0 NO weakness in the arms or hands
6. There is:  0 numbness in the hands or arms  0 NO numbness in the arms or hands
7. Do you have difficulty picking up small objects or buttoning your buttons?  0 Yes  0 No
8. Do you have problems with your balance or trip frequently?  0 Yes  0 No

C. ALL PATIENTS answer the following:

1. Coughing or sneezing:  0 improves the pain  0 worsens the pain  0 has no effect
2. Do you have problems with bowel or bladder control?  0 Yes  0 No
3. How much work have you missed because of this problem?  0 1–13 days  0 2-5 weeks  0 6 weeks or more
4. What treatments have you tried for the current problem? (Check all that apply)
   0 Physical therapy  0 Exercise program  0 Brace  0 Massage  0 Ultrasound  0 Acupuncture
   0 Chiropractor  0 Narcotic medications (e.g. Lortab, Percocet, Vicodin, Darvocet)
   0 Epidural injections __times →These provided relief for:  0 no relief  0 1-4 weeks  0 5-8 weeks  0 8+ weeks
   0 OTHER: ______________________  0 Anti-inflammatory medications (e.g. Motrin or Naproxen)
5. Are there any other non-surgical treatments left that you would like to try? (Please list)

6. What other doctors have you seen for this problem (Please list the name, specialty, location & treatment):

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