

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

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

C. ALL PATIENTS answer the following:

1. Coughing or sneezing: improves the pain worsens the pain has no effect
2. Do you have problems with bowel or bladder control? Yes No
3. How much work have you missed because of this problem? 1-13 days 2-5 weeks 6 weeks or more
4. What treatments have you tried for the current problem? (Check all that apply)
 Physical therapy Exercise program Brace Massage Ultrasound Acupuncture
 Chiropractor Narcotic medications (e.g. Lortab, Percocet, Vicodin, Darvocet)
 Epidural injections ___times → These provided relief for: no relief 1-4 weeks 5-8 weeks + 8 weeks
 OTHER: _____ 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)

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