

BACK/LEG QUESTIONNAIRE

Chief Complaint (check all that apply)

Back Pain Leg Pain

How long have you experienced these symptoms? _____

What started or caused these symptoms? _____

Please answer the following questions:

What is the percent of your pain is related to your back or leg?

I have all back pain

I have all leg pain

I have _____ % of back pain

I have _____ % of leg pain

For back pain: _____ % RIGHT

For leg pain: _____ % RIGHT

For back pain: _____ % LEFT

For leg pain: _____ % LEFT

Please further define your BACK PAIN (check all that apply):

Upper

Dull

Manageable

Central

Aching

Unmanageable

Lower

Sharp

Terrible

Intermittent

Nuisance

Bearable

Comes and Goes

Nagging

Unbearable

Constant

Throbbing

Excruciating

Have you missed any work because of your pain or symptoms? YES NO

If so, how much? _____

Which of the following treatments have you tried in the past for the condition? (Check all that apply)

Physical Therapy (how many visits? _____) Exercise Program (how long? _____)

Massage Chiropractic Acupuncture TENS unit Pain Pump

Anti- Inflammatory Medications Narcotic Pain Medications Muscle Relaxants

Trigger Point Injections Epidural Injections Spinal Injections

Other: _____

Which of the following diagnostic tests have you done to evaluate the problem? (Check all that apply)

X-Ray (Location: _____ Date: _____) CAT Scan (Location: _____ Date: _____)

MRI (Location: _____ Date: _____) Bone Scan (Location: _____ Date: _____)

EMG (Location: _____ Date: _____) Myelogram (Location: _____ Date: _____)

Other: _____

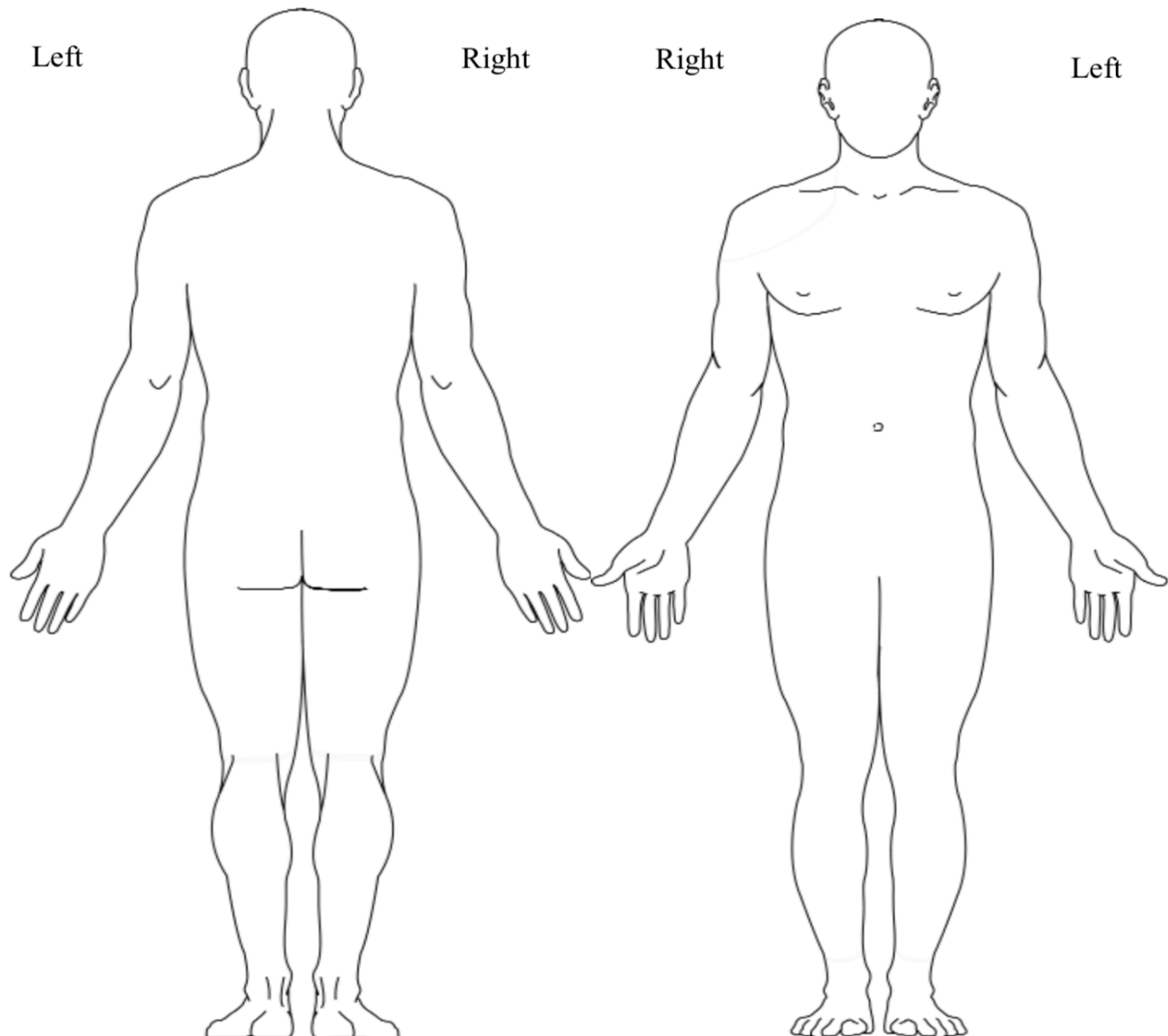
Pain Diagram

Please note the orientation of the diagrams below and mark the exact location where you are experiencing any of the following sensations:

===== Numbness

XXXXX Pain

••••• Other: _____



Circle the number on each line below indicating the level of your pain:

What was your LEAST pain over the past 1-2 weeks?

(NONE) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE)

What was your WORST pain over the past 1-2 weeks?

(NONE) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE)

What is your pain like today?

(NONE) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE)

Oswestry Disability Index

This questionnaire has been designed to give your physician information on how your back (or leg) pain has affected your ability to manage in everyday life. Please answer every section. Mark only the **ONE** box in each section that most closely describes you today.

Section 1- Pain Intensity

- I have no pain at the moment
- The pain is mild at the moment
- The pain comes and goes as is moderate
- The pain is moderate and does not vary much
- The pain is severe but comes and goes
- The pain is severe and does not vary much

Section 2- Personal Care (washing, dressing, etc.)

- I can look after myself without causing extra pain
- I can look after myself normally, but it causes extra pain
- It is painful to look after myself. I am slow and careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of self-care
- I do not get dressed. I wash with difficulty, and stay in bed

Section 3- Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights, but it causes extra pain
- Pain prevents me from lifting heavy weights off the floor, pain but I can if they are conveniently positioned, for example, on a table
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

Section 4- Walking

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than ½ mile
- Pain prevents me from walking more than 100 yards
- I can only walk using a stick or crutches
- I am in bed most of the time

Section 5- Sitting

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents me sitting more than one-hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

Section 6- Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

Section 7- Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1hour sleepless)
- My sleep is mildly disturbed (1-2 hours sleepless)
- My sleep is moderately disturbed (2-3 hours sleepless)
- My sleep is greatly disturbed (3-5 hours sleepless)
- My sleep is completely disturbed (5-7 hours sleepless)

Section 8- Sex life (if applicable)

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

Section 9- Social Life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests (sports, dancing, etc.)
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

Section 10- Traveling

- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment