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## Back Questionnaire

Patient \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_

### The duration of my pain has been:

- Minutes \_\_\_\_\_
- Hours \_\_\_\_\_
- Days \_\_\_\_\_
- Weeks \_\_\_\_\_
- Months \_\_\_\_\_
- Years \_\_\_\_\_

### The pattern of my pain has been:

- Increasing
- Decreasing
- Recurrent
- Episodic

### The pattern of my pain:

- Comes and goes
- Is present all the time
- Is present all the time with flare-ups
- Increases with activity
- Is related to the level of activity
- Is unrelated to activity
- Is unrelated to the level of activity

**My back pain can be characterized as an:**

- Ache
- Burning sensation
- Catching
- Cramping
- Discomfort
- Dull ache
- Electrical
- Pain
- Needles and pins
- Numbness
- Piercing pain
- Sharp, stabbing pain
- Shooting pain
- Tightness
- Tingling

**The severity of my pain can be described as:**

- Mild in severity
- Mild to moderate in severity
- Moderate in severity
- Moderate to severe
- Severe

**My pain usually occurs:**

- More in the early morning
- More toward the evening
- At night
- At rest
- Only during exertion
- Both day and night
- When climbing stairs
- When walking

**How would you describe your back versus leg pain:**

- Back hurts much more than the legs
- Back hurts somewhat more than the legs
- Legs and back hurt about the same
- Legs hurt somewhat more than the back
- Legs hurt much more than the back

**My pain starts in the:**

- Upper back
- Middle back
- Lower back
- Right buttock
- Left buttock
- Both buttocks
- Left lower extremity
- Right lower extremity
- Both lower extremities
- Right thigh
- Left thigh
- Left calf
- Right calf
- Left foot
- Right foot

**My pain radiates to:**

- No radiation
- Lower abdomen
- Right groin
- Left groin
- Right testicle
- Left testicle
- Right buttock
- Left buttock
- Both buttocks
- Right hip
- Left hip
- Both hips
- Front of right thigh
- Front of left thigh
- Front of both thighs
- Back of right thigh
- Back of left thigh
- Back of both thighs
- Outside of right thigh
- Outside of left thigh
- Outside of both thighs

- Back of right calf
- Back of left calf
- Back of both calves
- Outside of right calf
- Outside of left calf
- Outside of both calves
- Inside of right calf
- Inside of left calf
- Inside of both calves
- Right shin
- Left shin
- Both shins
- Outside of right foot
- Outside of left foot
- Outside of both feet
- Top of right foot
- Top of left foot
- Top of both feet
- Right big toe
- Left big toe
- Both big toes
- Right heel
- Left heel
- Both heels
- Bottom of right foot
- Bottom of left foot
- Bottom of both feet

**My back pain was caused by:**

- Nothing
- Exertion
- Lifting
- Twisting
- Falling
- Automobile accident
- Trauma

**My back pain is usually aggravated by:**

- Nothing
- Exertion
- Lying flat
- Sitting
- Sneezing
- Coughing
- Straining on bowel movements
- Bending
- Twisting
- Lifting
- Standing
- Walking
- Driving
- Cooking
- Vacuuming
- Laundry
- Yard work
- Getting in or out of chair
- Getting up out of bed in the morning
- Going up and down stairs
- Putting on socks or shoes
- Carrying groceries
- My job
- Reaching overhead
- Sexual intercourse

**My back pain is relieved by:**

- Nothing
- Rest
- Cold compress
- Lying down
- Bed rest
- Exercise
- Exercise by a therapist
- Heat
- Sitting
- Standing
- Bending forward

- Physical therapy
- Pain medication
- Anti-inflammatory medication
- Muscle relaxants
- Oral steroids
- Local injections
- TENS unit
- Electric stimulation
- Brace
- Cane
- Crutches
- Walker
- Traction
- Ultrasound
- Manipulation by a chiropractor
- Massage therapy
- Epidural steroids
- Home exercise program
- Transforaminal nerve blocks

**Leg numbness**

- There is no leg numbness (if selected, skip the next question)
- There is leg numbness

**The location of the leg numbness:**

- Front of right thigh
- Front of left thigh
- Front of both thighs
- Outside of right thigh
- Outside of left thigh
- Outside of both thighs
- Back of right thigh
- Back of left thigh
- Back of both thighs
- Outside of right calf
- Outside of left calf
- Outside of both calves
- Back of right calf
- Back of left calf
- Back of both calves

- Right shin
- Left shin
- Both shins
- Outside of right foot
- Outside of left foot
- Outside of both feet
- Top of right foot
- Top of left foot
- Top of both feet
- Bottom of right foot
- Bottom of left foot
- Bottom of both feet
- Right heel
- Left heel
- Both heels

**Associated with my back, leg weakness is present:**

- Neither leg (if selected, skip the next question)
- Right leg
- Left leg
- Both legs

**My leg weakness causes:**

- My legs to buckle
- Me to fall

**The following symptoms occur with my back pain:**

- Blurred vision
- Chest pain
- Cyanosis (bluish skin)
- Dizziness
- Diaphoresis (sweating)
- Dyspnea (difficulty breathing)
- Digital clubbing
- Fatigue
- Focal neurologic deficits
- Muscle weakness
- Pallor of extremity
- Parasthesias
- Poor exercise tolerance

- Numbness & tingling in fingers
- Numbness & tingling in toes
- Visual disturbances
- Foot/leg ulcers
- Calf swelling
- Cool extremity
- Cough
- Fever
- Chills

**Previous diagnostic tests**

- None
- Plain radiographs
- MRI – Lumbar spine
- MRI – Thoracic spine
- MRI – Pelvis
- MRI – Hip
- CT Scan
- CT/Myelogram
- Bonescan
- EMG/PNCV's
- Discogram

**I have previously been evaluated by:**

- None
- Orthopaedic surgeon
- Neurosurgeon
- Neurologist
- Urgent care center
- Primary care physician
- Rheumatologist
- Physiatrist
- Chiropractor
- Emergency room
- Pain management
- Psychologist/psychiatrist



**I have had the following physical therapy:**

- None
- Stretching exercises
- Strengthening exercises
- Active assisted range of motion exercises
- Active range of motion exercises
- Home exercise program
- TENS unit
- Ultrasound
- Phonophoresis
- Iontophoresis
- Massage therapy
- Whirlpool
- Heat
- Ice
- Traction

**I have had the following spine surgeries:**

- None
- Posterior lumbar interbody fusion
- Posterior spinal fixation
- Posterolateral fusion without hardware
- Posterolateral fusion with hardware
- Posterolateral fusion
- Laminectomy & discectomy
- Anterior lumbar interbody fusion
- Anterior spinal fixation
- Cervical discectomy
- Cervical fusion
- Scoliosis surgery

**I use the following assistive devices:**

- None
- Brace
- Full-time bracing
- Corset
- Cane
- Crutch
- Walker
- Wheelchair

**My pain interferes with the following:**

- Nothing about the patient's lifestyle
- Personal grooming
- Driving
- Walking
- Bathing
- Work not at all
- Work minimally
- Work moderately
- Work severely
- Cooking
- Childcare
- Intercourse never
- Intercourse occasionally
- Intercourse frequently
- Sweeping
- Gardening
- Yard work
- Vacuuming
- Leisure activities not at all
- Leisure activities
- Sleep not at all
- Sleep minimally
- Sleep moderately
- Sleep severely
- Sports activities – not at all
- Sports activities minimally
- Sports activities moderately
- Sports activities severely

**Because of my back I have the following issues:**

- None
- Pending litigation
- Pending social security disability application
- Pending workers compensation
- Previous workers compensation claim
- Worker's compensation claim
- Social security
- Divorce
- Child support

I have the following medical problems:

- Acid reflux
- Anemia
- Angina
- Asthma
- Cardiovascular disease
- Diabetes
- Elevated cholesterol
- Elevated triglycerides
- Hypertension
- Lung disease
- Peripheral vascular disease
- Phlebitis
- Stroke
- Long history of tobacco use
- Coronary artery disease
- Malignancy
- Drug dependency
- Drug addiction
- Fibromyalgia
- Neuropathy