Spine Questionnaire

What is your Age? _____ Gender: Male / Female

What is the principal area of the problem? **Neck** **Upper back** **Low back** **Radiating pain**

What is the nature of your symptoms?
Back pain; localized, generalized, spasms, sharp, achy, dull or fatigability
Leg pain, nothing, numbness, tingling, weakness, heaviness, burning, sharp pain, dull pain.

What is the severity of your symptoms? Mild Moderate Severe.
Pain Scale: 1 2 3 4 5 6 7 8 9 10

Timing of symptoms? Intermittent Episodic Constant daily, weekly, monthly, yearly.

Duration of symptoms? _____Days, _____weeks, _____months, _____years.

Was there trauma that started this? **Yes / No**_____
_____
_____

Has this ever happened before? **Yes / No**_____

Have you ever had surgery to your back or neck? **Yes / No** _____

Do you experience pain traveling from the spine? **Yes/No** Arms / legs, right / left / both

Do you experience numbness? **Yes / No** Arms / legs, right / left / both.

Do you experience weakness? **Yes / No** Arms / legs, right / left / both.

Do you experience difficulty walking because of loss of coordination or decreased dexterity? **Yes / No**

Do you have loss of control of urination or bowel movements? **Yes / No**

Aggravating factors? Standing, sitting, walking, activity, lifting, bending, postural changes.
Others?_____

Improving factors? Sitting, walking, exercising, medications.
Others?_____

I have tried:	medications:	Y/N	did it help?	Y/N
	Physical therapy:	Y/N	did it help?	Y/N
	Chiropractic care:	Y/N	did it help?	Y/N
	Epidural injections:	Y/N	did it help?	Y/N