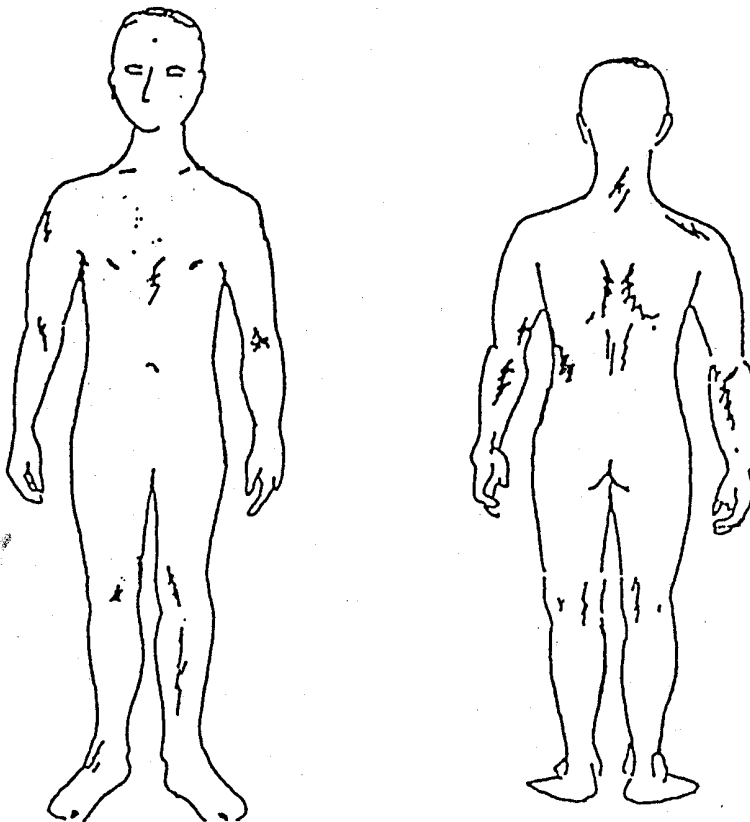


Neck and Back Questionnaire

Mark an "X" wherever you feel the pain, including along any radiation into the arms or legs.

Name: _____ Date: _____



Symptoms:

How long have you had this problem? _____

How did it start? At work Injury _____ date Motor Vehicle Accident

Explain: _____

I am off work because of this injury I have a lawyer working for me

My pain is: sharp dull/achy burning tingling shooting

I have: Weakness (from pain) in my: R arm L arm R leg L leg

Specific weakness in my: R arm L arm R leg L leg

Numbness of my: arms hands legs feet

Tingling of my: arms hands legs feet

Leg pain when I walk: less than a block 1-3 blocks >3 blocks

This pain improves if I stand still

This pain improves only if I sit or lean forward

Bladder (urine) trouble: Loss of urine (accidents) Can't empty

Bowel trouble: Loss of control (accidents) Constipation

Pain worst at night

Treatment:

None

I have previously seen these physicians: _____

I have had the following:	Did it help?	Y	N
Medications: <input type="checkbox"/> Anti-inflammatories _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Muscle relaxers _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pain pills _____		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others _____		<input type="checkbox"/>	<input type="checkbox"/>

Traction

Injections (describe) _____

Physical Therapy

Chiropractor

Spine Surgery (age, who was the surgeon, what was done?)

Tests:	Date	Date
<input type="checkbox"/> X-rays _____		<input type="checkbox"/> EMG _____
<input type="checkbox"/> MRI _____		<input type="checkbox"/> Discogram _____
<input type="checkbox"/> CAT scan _____		<input type="checkbox"/> Mylegram _____

I feel better with: bed rest reducing activities bending forward heat
 massage Bending backward ice
 other: _____

I feel worse with: activity sitting standing walking
 bending forward bending backward sneezing
 going to the bathroom other: _____