

Date: ____/____/____

Spine Pain Questionnaire

Name: _____

Age: _____

Referring Doctor: _____

Please circle answers when it applies.

Which is your dominant hand? Right / Left

When did you first notice your current pain? (Date, Month, Year)

Is there anything that I haven't asked that you feel will help me understand your problem better?

Yes / No. If yes, please explain.

Previous Spine Surgery

Please fill in the following if you have had previous spine surgery. "Pain free interval" means the period of time you felt well after the surgery before you felt the pain again. "Results" means your perception of how you did after the surgery. Please list additional spine operations in the back of this form.

Operation:

Date:

Surgeon:

Time off of work:

Pain free interval:

Results:

Operation:

Date:

Pain free interval:

Results:

Surgeon:

Time off of work:

Surgeon:

Time off of work:

Operation:

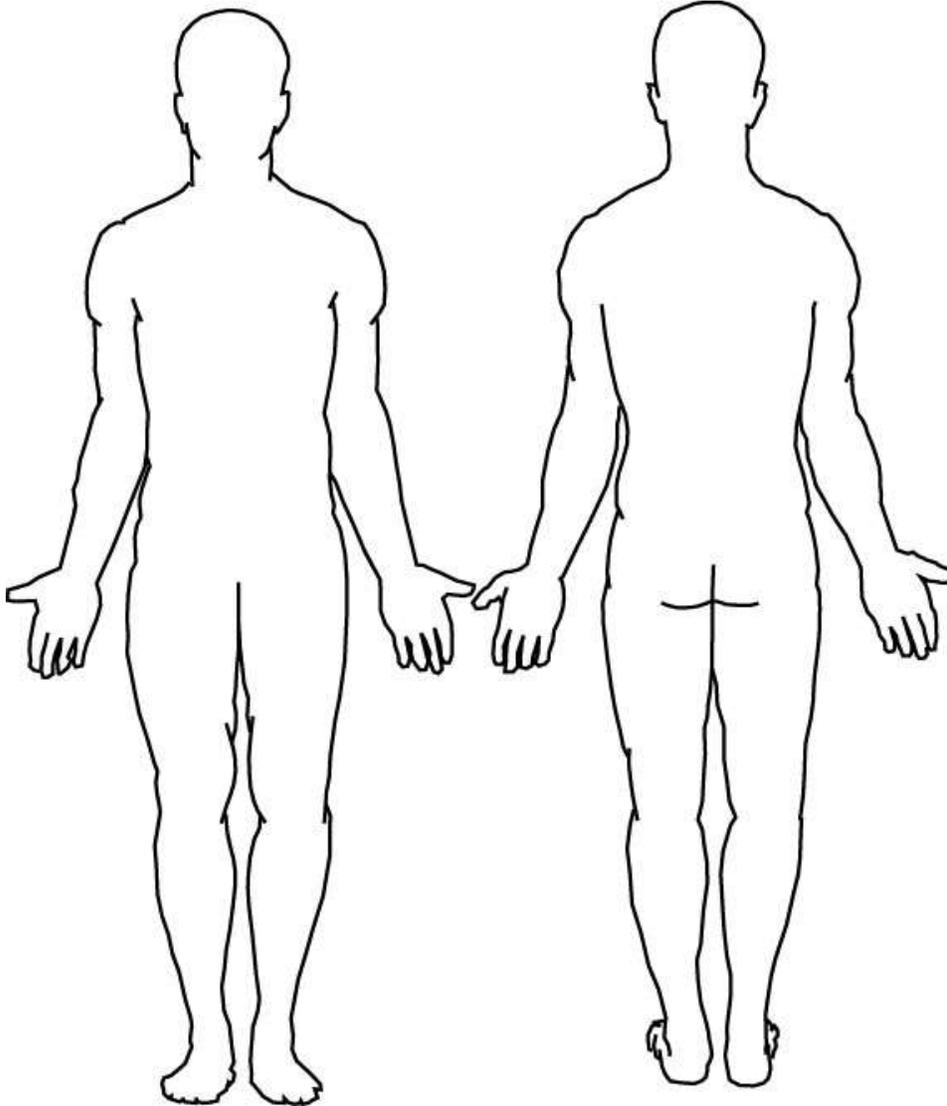
Date:

Pain free interval:

Results:

Pain Drawings

Mark these drawings according to where your pain is. (If the back of your neck hurts, mark the drawing on the back of the neck, etc.) If you feel any of the symptoms in the **key**, indicate where you feel them by placing the symbol shown with the symptom. If markings not applicable, indicate areas of pain in your own words.



Symptom Key:

Numbness:

= = = = =

Pins and Needles:

O O O O O

Burning:

X X X X X

Stabbing:

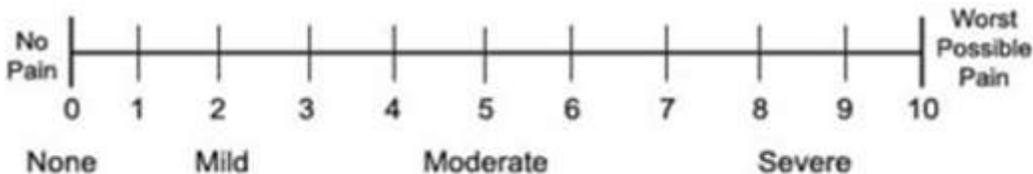
/ / / / /

Aching:

^ ^ ^ ^ ^

Pain Scale

Please put a "B" on the scale to note your **BACK** pain and an "L" on the scale to note your **LEG** pain.



Comfort Thermometer

Please put a "B" on the thermometer to note your **BACK** pain and an "L" on the thermometer to note your **LEG** pain. 100% being the worst possible pain and 0% being the most comfortable.

