

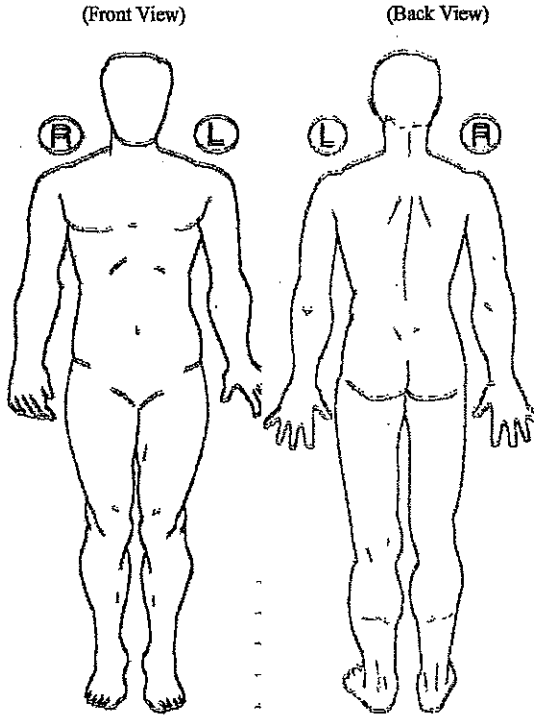
**SPINE CLINIC QUESTIONNAIRE**

What is your chief complaint for which you are being seen in Spine Clinic? \_\_\_\_\_

On the diagram, mark the areas you are experiencing pain.

Use the following symbols to describe your pain:

- Aching: A Burning: B Cramping: C
- Numbness: N Pins & Needles: P Stabbing: S
- Put an X on the area that hurts the most.



How long ago did your symptoms start?  
\_\_\_\_\_

How often do you have symptoms?

All the time Sometimes

If sometimes, how long does your pain last?

\_\_\_ Minutes \_\_\_ Hours \_\_\_ Days

Using the pain scale below, please answer the questions:

What is your pain score right now: \_\_\_/10

How bad does it get? \_\_\_/10

What is the lowest? \_\_\_/10

What medications for pain do you take? Helpful?

_____	Yes	No
_____	Yes	No
_____	Yes	No

What activities worsen your symptoms?  
Sitting, standing, walking, lifting, driving, exercise  
Other: \_\_\_\_\_

What activities improve your symptoms?  
Sitting, standing, walking, lying, exercise  
Other: \_\_\_\_\_

Any history of:  
Cancer? Yes No  
Unexplained weight loss? Yes No

Have you had spine surgery? Yes No  
If yes, when was your operation(s)? \_\_\_\_\_

What treatments have you had?	Helpful	Not helpful
___ Physical therapy	_____	_____
___ Ice or Heat	_____	_____
___ TENS unit	_____	_____
___ Acupuncture	_____	_____
___ Massage therapy	_____	_____
___ Chiropractor	_____	_____
___ Yoga or Pilate's	_____	_____
___ Spine Injections	_____	_____

Are you employed? Yes No  
If Yes: Full-time Part-time

What do you do? \_\_\_\_\_

What is your marital status? \_\_\_\_\_

What city do you live in? \_\_\_\_\_

Do you smoke? Yes No  
How much do you smoke? \_\_\_\_\_ #yrs? \_\_\_\_\_

Have you ever smoked in the past? Yes No

Date(s) quit? \_\_\_\_\_

Alcohol Use: None \_\_\_ Drinks per \_\_\_\_\_

Illegal drugs: None \_\_\_\_\_ Type \_\_\_\_\_

Over the past two weeks, have you been bothered by:  
Feeling down, depressed, Yes No  
or hopeless?

Little interest or pleasure in doing Yes No  
things?

Difficulty sleeping at night? Yes No

