



LOW BACK PAIN QUESTIONNAIRE

This questionnaire is designed by your doctor to answer specific questions. Please answer each question as completely as possible.

Name: _____ Date: _____

1. How long have you had back pain?

2. When did pain become severe?

3. Do you know what started the pain you are suffering? Yes No

If yes, describe what started your pain.

4. Did the pain begin after a work related injury? Yes No

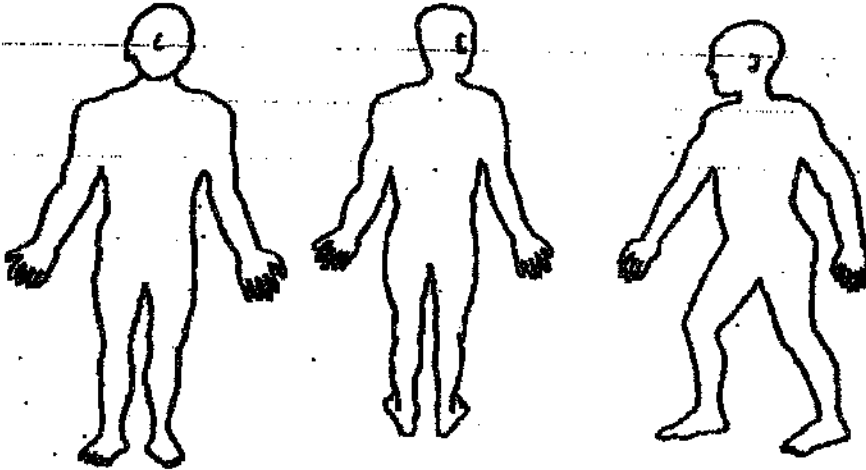
If yes, describe describe how you were injured:

How did you feel immediately after the injury?

Describe how you felt a few hours, the next day, and the next week after the injury:

5. Describe the pain you experience.

6. Use the figures to indicate where you experience pain.



7. Where is the worst pain?

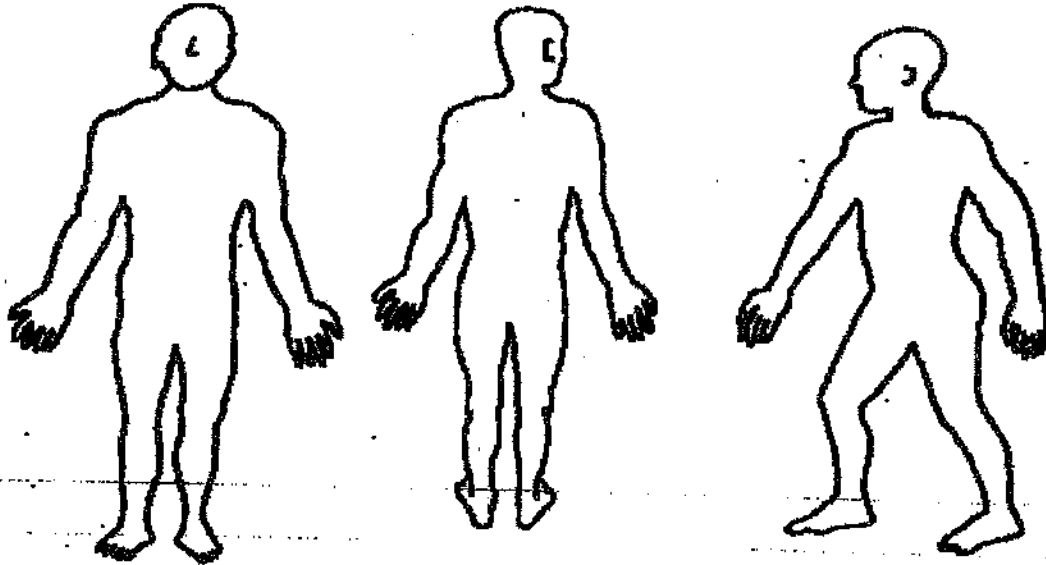
8. What makes the pain worse?

9. What makes the pain better?

10. Overall, do you think the pain is getting BETTER WORSE?

11. Do you experience numbness? Yes No

If yes, use the figures to indicate where the numbness occurs.



12. Have you noticed any weakness? Yes No

If yes, where you you feel weak?

13. Have you had any changes in your bowel or bladder habits recently? Yes No

If yes, please describe these changes.

14. Do you experience any pain when you cough or sneeze? Yes No
If yes where does the pain occur?

15. Have you noticed any clumsiness of the legs or feet lately? Yes No

16. What doctor(s) have you seen about your pain and what did they do for you?

17. Have you taken any medications for the pain? Yes No

If yes, please list the medications. Indicate who gave them to you and when.

Which medications helped you?

18. Please indicate which of the following treatments you have had and whether the treatment helped or not:

Bed rest	Helped	No Help
Physical Therapy	Helped	No Help
Traction	Helped	No Help
Chiropractor	Helped	No Help

19. Please list the x-rays you have had on your back?

TYPE OF X-RAY	DATE X-RAY TAKEN	DOCTOR

20. Have you ever had surgery on your back? Yes No

If yes, please indicate what was done, when, and by whom:
