

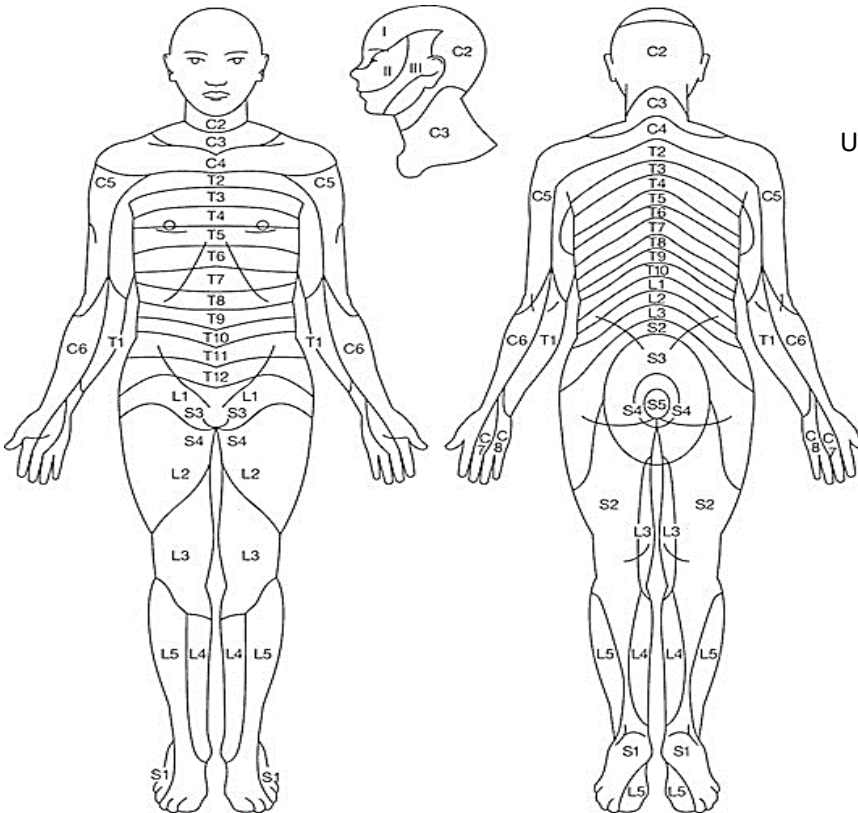


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SPINE QUESTIONNAIRE

LAST NAME, FIRST NAME:			BIRTHDATE:	
DIAGNOSTIC STUDIES				
TYPE OF STUDY	BODY PART(S)		HOSPITAL/FACILITY	DATE
X-RAY				
MRI				
CT SCAN				
PRIOR SPINAL SURGERIES				
SURGICAL PROCEDURE(S)	DATE	PAIN RELIEVED?	DURATION (IN MONTHS / YEARS)	
DISCECTOMY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAMINECTOMY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
SPINAL DECOMPRESSION / FUSION		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PAIN DESCRIPTION				
AWAKENS YOU FROM SLEEP <input type="checkbox"/> YES <input type="checkbox"/> NO		PINS AND NEEDLES SENSATION <input type="checkbox"/> YES <input type="checkbox"/> NO		LOSS OF BLADDER OR BOWEL CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO
				INCREASED PAIN W/ SNEEZING/COUGHING <input type="checkbox"/> YES <input type="checkbox"/> NO
PAIN RADIATES TO:	ARM(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	BUTTOCK(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	THIGH(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	LEG(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
RATE YOUR PAIN:	MILD <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 SEVERE			



PAIN DISTRIBUTION DRAWING

USE COLORED PENS TO DRAW THE LOCATION OF YOUR PAIN.

USE THE COLOR DESCRIPTIONS BELOW:

RED: PINS AND NEEDLES SENSATION

BLUE: SHARP, STABBING PAIN

GREEN: DULL, ACHING/CRAMPING SENSATION