

Lumbar Spine Questionnaire

Name: _____ Age: _____ Height: _____ Weight: _____

Occupation: _____

Name of physician/person who referred you: _____

Main problem (include date of onset, describe any injury/accident):

Was injury work related? Yes No
 Do you have leg pain? Yes No
 Which leg is more painful? Left Right

Please describe how much back/leg pain you are experiencing.

100 % back 75% back 50% back 25% back 0% back
 0% leg 25% leg 50% leg 75% leg 100% leg

Have you had any bowel/bladder problems? Yes No

Please check all that apply:

Pain level/character: none dull occasional pain pain improving
 mild sharp constant pain pain worsening
 moderate burning pain with activities no change
 severe electrical night pain

Worsens with: sitting standing walking bending lifting
 other _____

Improves with: sitting standing walking stretching lying down
 ice heat other _____

Physical therapy: Yes No Please list dates: _____
 Helped a lot Helped a little No help Made pain worse

Epidural Injections: Yes No How many? _____ Dates: _____
 Helped a lot Helped a little No help Made pain worse

List current medications you take for your pain. Please indicate if they help.

Have you seen any other doctors for your problem? Yes No

Name: _____ Date: _____ Name: _____ Date: _____

Diagnosis: _____ Diagnosis: _____

Recommendation: _____ Recommendation: _____

Have you had any studies (Xray, MRI, CT, Myelogram)? List study and date.

Visual Analog Scale

NAME: _____ DATE: _____

SURGEON NAME: _____

- FOLLOW UP:
- PreOp
 - 6 months
 - Immediate PostOp
 - 12 months
 - 6 weeks
 - 24 months
 - 3 months
 - Other (specify):

Please circle the number that best describes the questions being asked:

NOTE: Please indicate your average pain levels and pain at minimum / maximum using the last 3 months as your reference

EXAMPLE:

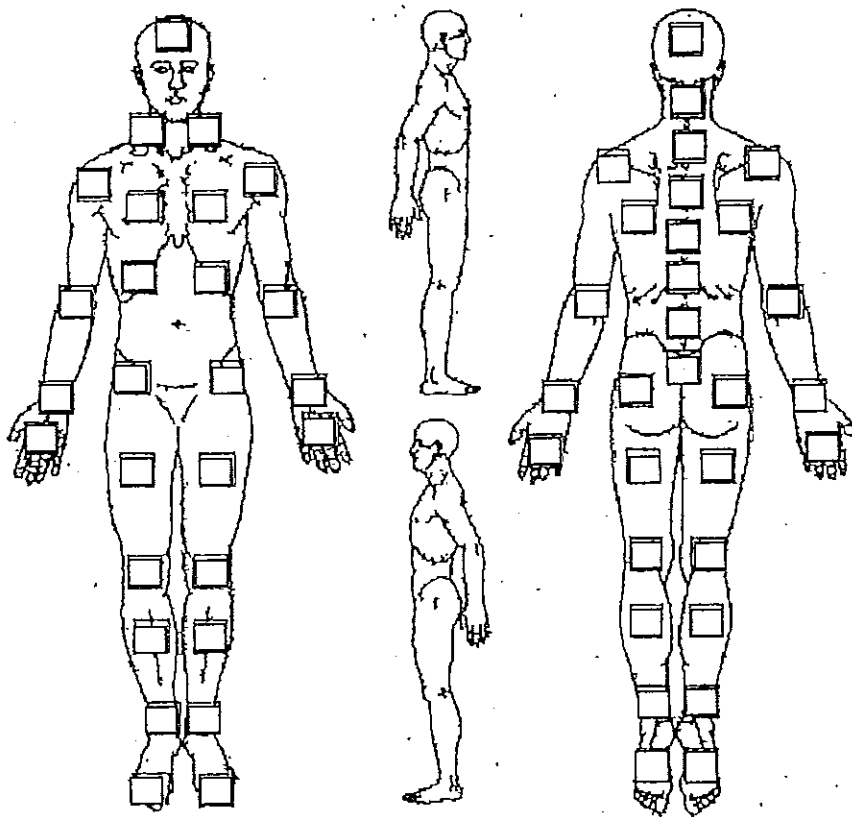
no pain 0 1 2 3 4 5 X 6 7 8 9 10 worst possible pain

1. ARM or LEG PAIN

no pain 0 1 2 3 4 5 6 7 8 9 10 worst possible pain

2. NECK or BACK PAIN

no pain 0 1 2 3 4 5 6 7 8 9 10 worst possible pain



A = ACHE
P = PINS & NEEDLES

B = BURNING
S = STABBING

N = NUMBENSS
O = OTHER