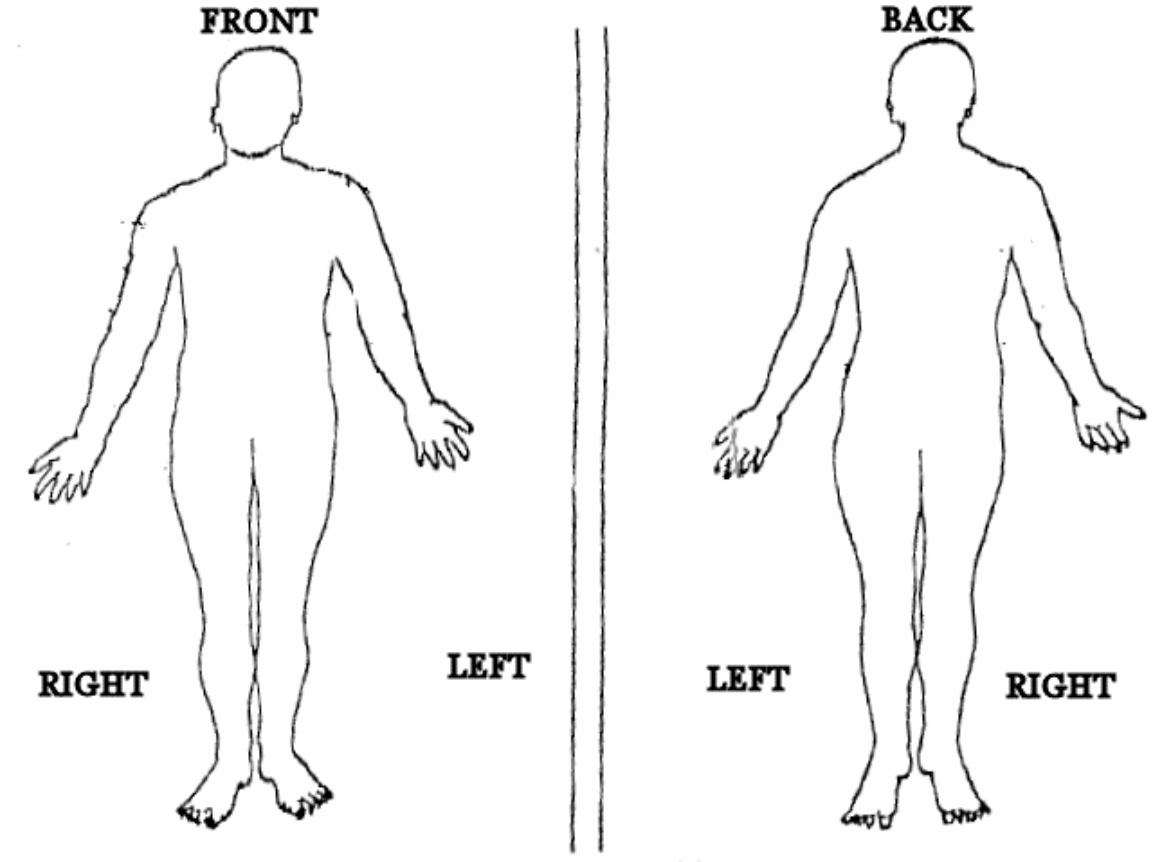
Please mark appropriate symptom (Pain **xxx** numbness as **00000)**



Please indicate how the following factors affect your pain:

	WORSE	BETTER	NOT EFFECTED
Standing	_____	_____	_____
Walking	_____	_____	_____
Sitting	_____	_____	_____
Driving	_____	_____	_____
Lying Down	_____	_____	_____
Nights	_____	_____	_____
Lifting	_____	_____	_____
Arising from a chair	_____	_____	_____
Housework (vacuuming, making beds)	_____	_____	_____
Coughing	_____	_____	_____
Sneezing	_____	_____	_____

Please indicate previous treatments you have received:

___ Bedrest ___ Muscle relaxants ___ Physical Therapy
___ Traction ___ Aspirin ___ Chiropractic Manipulation
___ Hospitalization ___ Cortisone Injection ___ Acupuncture/acupressure
___ Heat ___ Surgery ___ Biofeedback
___ Ice ___ Corsets or braces ___ Neurostimulator (TENS)
___ Pain Medications ___ Exercise ___ Chymopapain
___ Other _____

Which is more troublesome to you? Back Pain_____ Leg Pain_____
How would you break down the components of your problem?

Back _____%
Right Leg _____%
Left Leg _____%
TOTAL _____100%

Does the pain occur every day? Yes _____ No _____
How frequent is the pain? Comes and Goes _____ Constant _____
How severe is the pain no compared to when it began?
Better ____ Same ____ Worse ____

Do you have weakness in your legs? Yes _____ No _____
If yes, describe _____

Is there a limit to how far you can walk? Yes _____ No _____
If yes, describe _____

Has your ability to urinate changed? Yes _____ No _____
If yes, describe _____

Are you able to control bowel movement? Yes _____ No _____
If no, describe _____

Does the pain prevent sleep or awaken you at night? Yes _____ No _____
If yes, describe _____

Have you missed time from work due to pain? Yes _____ No _____
What kind of work do you do? _____
Recreational activities include: _____
Has the pain interfered? Yes _____ No _____

Severeity of pain is:

_____Slight and occasional, causing no compromise in daily activities.
_____Mild, having no effect on ordinary activity, but occurring with or after vigorous activity
_____Moderate and tolerable, requiring restrictions in daily activities.
_____Severe, causing significant disability.