

# CENTER FOR NEUROLOGICAL DISORDERS

1319 Summit Avenue, Suite 200

Fort Worth, Texas 76102-4420

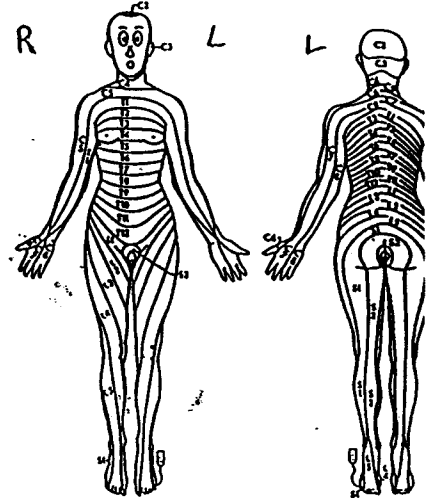
## BACK AND NECK PAIN QUESTIONNAIRE

How and when did your back/neck pain begin?

Have you had any previous episodes of back/leg or neck/arm pain?

Yes \_\_\_\_\_ If yes, please describe:

No \_\_\_\_\_



Please shade areas of the body where you have pain.  
(Refer to the diagram at the right.)

Do you have any numbness, tingling or burning in the leg/foot or arm/hand?

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you experienced any weakness in the leg/foot or arm/hand?

Yes \_\_\_\_\_

No \_\_\_\_\_

What seems to aggravate your symptoms?

How far are you able to walk?

Are you able to drive a car?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to put on your shoes and socks?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does coughing, straining or sneezing bother you?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle the position which is the worst: SITTING STANDING LYING DOWN

Please circle if you are: LEFT-HANDED OR RIGHT-HANDED

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Have you had any TESTS for you neck/back problems? NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, what areas of your body.

CT SCAN \_\_\_\_\_ MYELOGRAM \_\_\_\_\_ MRI \_\_\_\_\_

X-RAYS \_\_\_\_\_ EMG \_\_\_\_\_ NC \_\_\_\_\_

OTHER \_\_\_\_\_ BONE SCAN \_\_\_\_\_

What treatment have you had for your neck/back problem? Indicate what type of response you had to the treatment below:

	No Relief	Some Relief	Good Relief
Bed Rest			
Physical Therapy			
Traction			
TENS Unit			
Spinal or muscle injections			
Chiropractic Treatment			
Soft Collar			
Lumbar Corset or Brace			
Application of Heat? Ice?			
Medications (for back or neck)			
Other			

Have you experienced difficulty sleeping due to your neck/back pain? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of mattress do you sleep on? Soft Medium Hard Waterbed

How many pillows do you use?

Have you lost any weight because of your neck or back problem?

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Have you suffered headaches in conjunction with your neck pain?  
How often?

Do you have any bowel or bladder problems?

What type \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

How long have you worked at your present job, or the job you last held? \_\_\_\_\_

If you have not been able to work because of your neck/back problem, when was the FIRST DAY of your disability \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the main reason you are off work? \_\_\_\_\_

On a Pain Scale from 1-10, (1 being slight pain) (10 being severe pain), what number would you consider yourself?

1 2 3 4 5 6 7 8 9 10

