Back Pain Questionnaire

Name_____

Did your back pain start with a specific injury? Yes No

If yes: Date of injury: _____

Mechanism of injury: _____

If there was no injury, did the pain start with a specific activity? Yes No

If yes, what activity/sport? _____

If no, when did the pain start? _____

How would you describe the pain? (constant, intermittent, mild, moderate, severe, etc.)

_____

Where is the pain located? (upper, middle, lower back, left side, right side, etc.)

_____

Do any of the following increase your pain?

Walking:	Yes	Minimally	No
Standing:	Yes	Minimally	No
Running:	Yes	Minimally	No
Bending:	Yes	Minimally	No
Stooping/squatting:	Yes	Minimally	No
Sports:	Yes	Minimally	No
Coughing/sneezing:	Yes	Minimally	No

Is there anything else that increases your pain: _____

_____

_____

Do any of the following decrease your pain?

Rest:	Yes	Minimally	No
Ice:	Yes	Minimally	No
Heat:	Yes	Minimally	No
Over the counter medicines (Tylenol/Advil):	Yes	Minimally	No
Prescription medications:	Yes	Minimally	No

Is there anything else that decreases your pain: _____

_____

_____

Do you have any of the following symptoms?

Stiffness of your back:	Yes	Minimally	No
Numbness or tingling in your leg(s):	Yes	Minimally	No
Weakness of your leg(s):	Yes	Minimally	No
Pain radiating into your leg(s):	Yes	Minimally	No
Night pain:	Yes	Minimally	No
Unexplained fevers or chills:	Yes		No
Unexplained weight loss:	Yes		No
Bowell or bladder dysfunction:	Yes		No

Are there any other symptoms regarding your back that we should know about?

_____

_____

Have you had any previous treatment for your back pain such as:

Physical therapy:	Yes	No
Chiropractic care:	Yes	No

Any other treatment for your back pain: _____

_____

In general are your symptoms getting better, getting worse, or staying about the same?

_____

Have you had any x-rays taken of your back? Yes No

If yes: Date of x-ray: _____

X-ray facility: _____

Have you had an MRI of your back? Yes No

If yes: Date of MRI: _____

MRI facility: _____

Is there anything else that we need to know regarding your back pain?

_____

_____

_____

Thank you for filling out this form