

COMPREHENSIVE BACK QUESTIONNAIRE

Name: _____

Date: _____

This questionnaire has been designed to assist in the evaluation of your back problem. Please mark where indicated and fill in the blanks to the best of your ability. There will be time to discuss your symptoms in detail during the consultation.

1. Have you been hospitalized for your back pain? _____ When? _____ How long? _____

Traction Laminectomy Fusion Bed Rest Other _____

2. Date of injury _____ **How did the injury occur?** _____

Bending Lifting Twisting Falling Car accident Other _____

3. What makes your pain worse? _____

Sitting Standing Walking Other _____
Prolonged standing Prolonged sitting Bending Sleeping Morning activity Lifting

4. What relieves your pain? _____

Moist heat Lying down Massage Heat Exercise Medication Other _____

5. Are you doing normal activities? _____ **If not, what activities can't you do?** _____

6. What percentage of your day is standing? _____ **Laying?** _____ **Sitting?** _____

7. How long are you comfortable standing? _____ **Sitting?** _____ **How far can you walk comfortably?** _____

8. Are you working at the present time? _____ **If not, are you not working because of your back?** _____

If not, what type of work, if any, do you anticipate returning to? _____

9. Do you do any lifting? _____ **Does your job involve lifting?** _____ **What is the maximum weight you would attempt to lift?** _____

10. How many hours in the day do you drive or ride? _____

Bucket Bench Standard Automatic Sacro ease Recaro

11. How many hours in the night do you sleep? _____

POSITION

MATTRESS

Side-one knee		X-firm	King		
Side-two knees.....	With a pillow	Firm	Queen		
Back	With a pillow	Medium	Double		
Stomach	With a pillow	Soft	Twin	Waterbed	Age of Mattress _____

12. What type of chair is most comfortable?

Soft Cushioned Straight back Hard Slightly padded Slightly tilted None

13. What treatments, if any have you had for back pain?

Traction Medication Exercise Laminectomy Chiropractor Fusion
Physical Therapy Other _____

14. What do you normally do for recreation or sport?

Swimming Back stroke Side stroke Crawl Breast stroke Exercise Racquetball
Bicycling Baseball Skiing Walking Aerobic dance Football Weights Basketball

15. What are you not doing that you would like to be doing?

16. Has your doctor explained to you what is wrong with your back?

17. What are your goals for your back?