

**Rocky Mountain  
Orthopaedic Associates**

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**Spine Center**

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**SPINE PATIENT QUESTIONNAIRE**

- Please answer all questions completely
- It is in your best interest and will assist your doctor with your care

- A.** 1. Referring doctor name and full address: \_\_\_\_\_  
 \_\_\_\_\_  
 If not, referred, how did you choose this office? \_\_\_\_\_
2. Internist or family doctor name and address: \_\_\_\_\_  
 \_\_\_\_\_
3. Chief complaint       Neck pain      Arm:  Pain       Numbness       Weakness  
 (check all that apply):  Back pain      Leg:  Pain       Numbness       Weakness      Other \_\_\_\_\_
4. Your age: \_\_\_\_\_ Years \_\_\_\_\_ Months
5. Your sex:  Male       Female
6. How long has the pain (or your problem) been present? \_\_\_\_\_
7. Has your problem worsened recently?       No       Yes - How recently? \_\_\_\_\_  
 \_\_\_\_\_
8. What started the pain (or problem)?  
 \_\_\_\_\_
9. Type of pain:  Ache       Stabbing       Throbbing       Shooting       Burning       Click/Pop
10. Pain aggravated by:  
 Standing       Walking       Lying  
 Sleeping       Working       Stairs  
 Sitting       Driving       Cough/Sneeze
11. There is:       No loss of bowel or bladder control  
 Loss of bowel or bladder control
12. I have:       Not missed any work because of this problem  
 Missed (how much) \_\_\_\_\_ work.
13. Do you enjoy your job?       Yes       No
14. Is this a work related injury?       Yes       No
- 15 a. Is a lawyer or legal consultant involved because of your injury or symptoms?       Yes       No
- 15 b. Are you involved in an active lawsuit because of your injury or symptoms?       Yes       No

**B. For patients with BACK OR LEG PAIN, numbness or weakness, please complete the following:**

(If you are seeing the doctor for neck problems, please complete section "C")

1. What % of your pain is back pain and what % is leg pain? (check one of the following boxes)
- Back 0%, Leg 100%
  - Back 10%, Leg 90%
  - Back 25%, Leg 75%
  - Back 50%, Leg 50%
  - Back 75%, Leg 25%
  - Back 90%, Leg 10%
  - Back 100%, Leg 0%

2. What is the distribution of your leg pain? (check one of the following):

- No leg pain
- Right 0%, Left 100%
- Right 10%, Left 90%
- Right 25%, Left 75%
- Right 50%, Left 50%
- Right 75%, Left 25%
- Right 90%, Left 10%
- Right 100%, Left 0%

3. Where is your leg pain? (check any of the following that apply):

**Right Leg:**

- No pain
- Buttock
- Thigh-front
- Thigh-back
- Calf
- Foot

**Left Leg:**

- No pain
- Buttock
- Thigh-front
- Thigh-back
- Calf
- Foot

4. How does your leg pain travel?     No leg pain     Starts in my back and goes down my leg  
 Starts in my calf/foot, and goes up my leg

5. How many minutes can you stand in one place without pain?     0-10     15-30     30-60     60+

6. How many minutes can you walk without pain?     0-10     15-30     30-60     60+

7. Do you have weakness in your legs?

- No weakness of the legs
- I have weakness in the following areas (check any of the following that apply):

**Right:**

- No weakness
- Thigh
- Calf
- Ankle
- Foot

**Left:**

- No weakness
- Thigh
- Calf
- Ankle
- Foot

8. Do you have numbness or pins and needles in your legs and feet?

- No numbness or pins and needles of the legs and feet
- I have numbness or pins and needles in the following areas (check any of the following that apply):

**Right:**

- No numbness
- Thigh
- Calf
- Foot

**Left:**

- No numbness
- Thigh
- Calf
- Foot

**C. For patients with NECK OR ARM PAIN, numbness or weakness:**

1. What % of your pain is neck pain and what % is arm pain? (check one of the following)

- Neck 0%, Arm 100%
- Neck 10%, Arm 90%
- Neck 25%, Arm 75%
- Neck 50%, Arm 50%
- Neck 75%, Arm 25%
- Neck 90%, Arm 10%
- Neck 100%, Arm 0%

2. What is the distribution of your arm pain? (check one of the following):

- No arm pain
- Right 0%, Left 100%
- Right 10%, Left 90%
- Right 25%, Left 75%
- Right 50%, Left 50%
- Right 75%, Left 25%
- Right 90%, Left 10%
- Right 100%, Left 0%

3. Where is your arm pain? (check any of the following that apply):

**Right Arm:**

- No pain
- Upper back
- Shoulder
- Upper arm
- Forearm
- Hand/finger

**Left Arm:**

- No pain
- Upper back
- Shoulder
- Upper arm
- Forearm
- Hand/finger

4. Raising the arm:     Improves the pain     Worsens the pain     Does not affect the pain

5. Moving the neck:     Improves the pain     Worsens the pain     Does not affect the pain

6. Do you have weakness in your arms and hands?

- No weakness of the arms and hands
- I have weakness in the following areas (check any of the following that apply):

**Right:**

- No weakness
- Shoulder
- Upper arm
- Forearm
- Hand/Finger

**Left:**

- No weakness
- Shoulder
- Upper arm
- Forearm
- Hand/Finger

7. Do you have numbness in your arms and hands?

No numbness of the arms and hands

I have numbness in the following areas (check any of the following that apply):

**Right:**

- No numbness
- Upper arm
- Forearm
- Thumb
- Index finger
- Long finger
- Ring finger
- Small finger

**Left:**

- No numbness
- Upper arm
- Forearm
- Thumb
- Index finger
- Long finger
- Ring finger
- Small finger

8. Do you have difficulty picking up small objects like coins or buttoning buttons?  Yes  No

9. Do you have a problems with balance or tripping frequently?  Yes  No

10. Do you have headaches in the back of the head?  Frequent  Occasional  No

**D. Treatments: Please check all treatments you have had for this problem.**

Treatments have included:  No medicines, therapy, manipulations, injections, or braces

Neck

Back

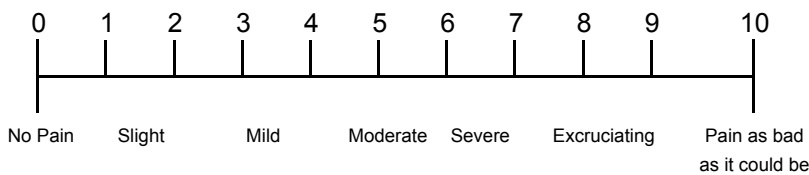
- Physical therapy, exercise
- Massage & ultrasound
- Traction
- Manipulation
- Tens Unit
- Shoulder injections
- Braces

Neck

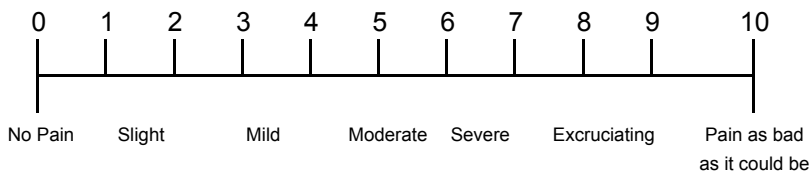
Back

- Anti-inflammatory medications
- Narcotic medication
- Epidural steroid injections\_\_\_\_\_times which relieved the pain for (how long)?\_\_\_\_\_
- Trigger point injections\_\_\_\_\_times which relieved the pain for (how long)?\_\_\_\_\_
- Other:\_\_\_\_\_

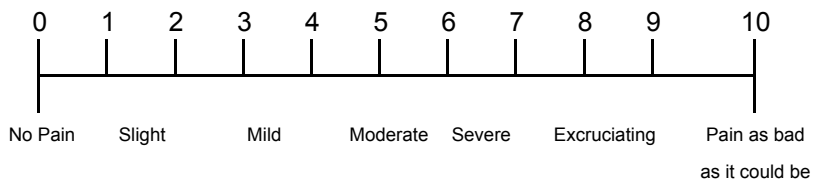
MY LOWER BACK PAIN IS: (Circle number)



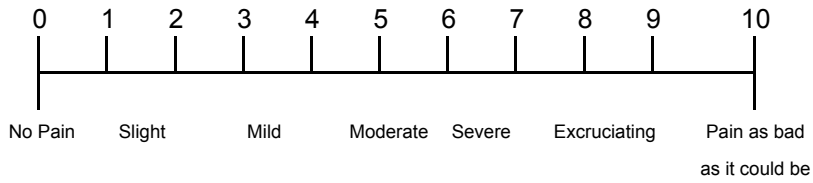
MY LEG PAIN IS: (Circle number)



MY NECK PAIN IS: (Circle number)

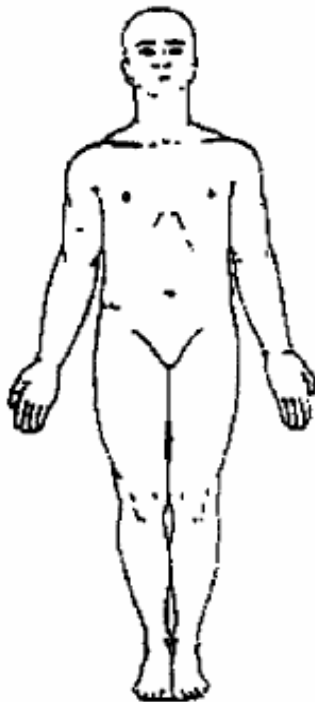


MY ARM PAIN IS: (Circle number)

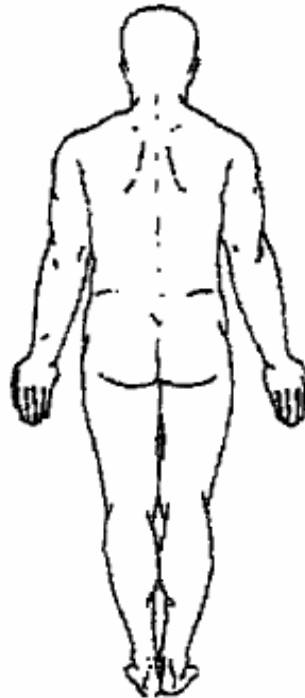


PLEASE INDICATE TYPE AND DISTRIBUTION OF YOUR PAIN ON THE FIGURES BELOW

Please use the following key to shade in distribution of pain on figures  
Numbness ----- Pins and Needles oooooooooo  
Ache xxxxxxxxxxxx Pain ////////////////



Front



Back