

Low Back Pain: COMPLETE ONLY IF LOW BACK IS AN AREA OF COMPLAINT

1. How do you best describe your pain
 - a. All low back pain
 - b. All leg pain
 - c. Mostly low back pain, some leg pain
 - d. Mostly leg pain, some low back pain
 - e. Equal low back and leg pain
2. If you have pain going down your leg(s), does it:
 - a. Start in your buttock and go directly down the back of your leg?
 - b. Travel down the side of your thigh and may or may not wrap around the front of your lower leg
 - c. A different pattern
3. Have you experienced "foot drop"?
 - a. Never
 - b. In the past, but not for at least one year
 - c. Occasionally, comes and goes
 - d. Yes, constantly
4. Have you ever experienced incontinence as a result of your low back issues?
 - a. Never
 - b. In the past, but not for at least one year
 - c. Occasionally, comes and goes
 - d. Yes, constantly
5. Do you find that if you walk any distance, you have to bend forward, such as leaning on a shopping cart?
 - a. Yes
 - b. Only long distance
 - c. No
6. Do you have midline pain that is made worse bending forward (such as brushing teeth over the sink) or especially lifting something in front of you and bending slightly forward (such as putting a baby in the crib)?
 - a. Yes! I avoid bending forward at all cost
 - b. Only when I'm having an episode
 - c. No, bending forward does not make it worse
 - d. Bending forward actually makes my pain better
7. Have you had low back surgery?
 - a. Yes, and it helped
 - b. Yes, and it didn't help, but also didn't make it worse
 - c. Yes, and it made it worse
 - d. No

Neck Pain: COMPLETE ONLY IF NECK IS AREA OF COMPLAINT

1. How do you best describe your pain?
 - a. All neck pain
 - b. All arm pain
 - c. Mostly neck pain, some arm pain
 - d. Mostly arm pain, some neck pain
 - e. Equal neck and arm pain
2. Is your neck pain:
 - a. More in my upper neck, closer to the base of my skull
 - b. More in my lower neck, closer to my shoulders
 - c. My entire neck, from the base of my skull to my shoulders
 - d. I don't have neck pain, only symptoms in arm(s)
3. Do you have difficulty rotating your head (looking left and right, such as checking your blind spot)?
 - a. Yes
 - b. Somewhat
 - c. No
4. Do you have headaches associated with your neck pain?
 - a. Constantly
 - b. Frequently
 - c. Occasionally, comes and goes
 - d. Never
5. Do you have arm/hand symptoms such as numbness, tingling, shooting pain?
 - a. Constantly
 - b. Frequently
 - c. Occasionally, comes and goes
 - d. Never
6. Do you experience weakness in your arms or hands? Such as dropping objects by accident?
 - a. Constantly
 - b. Frequently
 - c. Occasionally, comes and goes
 - d. Never
7. Do you experience severe burning pain in your hands?
 - a. Constantly
 - b. Frequently
 - c. Occasionally, comes and goes
 - d. Never
8. Have you had neck surgery?
 - a. Yes, and it helped
 - b. Yes, and it didn't help, but also didn't make it worse
 - c. Yes, and it made it worse
 - d. No

Joint Pain (shoulder/elbow/wrist/thumb/hip/knee/ankle/great toe) COMPLETE FOR EACH JOINT AFFECTED

1. Do you have full range of motion:
 - a. Yes
 - b. Limited, at a certain point, it just stops
 - c. Limited because of pain (I could force it if I had to)
 - d. Severely limited/frozen
2. Does your joint get stuck in certain spots or 'clunk' with movement?
 - a. Constantly
 - b. Frequently
 - c. Occasionally, comes and goes
 - d. Never
3. Have you had surgery on this joint?
 - a. Yes, and it helped
 - b. Yes, and it didn't help, but also didn't make it worse
 - c. Yes, and it made it worse
 - d. No