

INTERVENTIONAL SPINE SPECIALISTS

Initial Questionnaire – Part 2 – Back Pain

PATIENT NAME: _____ DATE: _____

D.O.B.: _____

DO YOU HAVE:

(A) Back Pain? Yes No

If yes, is it in the: Middle? Yes or No
Middle and across the back? Yes or No
Is the left side worse than the right? Yes or No
Is the right side worse than the left? Yes or No
Are the right and left sides equal? Yes or No

(B) Leg pain? Yes No

If yes: Is the left leg worse than the right? Yes or No
Is the right leg worse than the left? Yes or No
Are the right and left legs equal? Yes or No
Which part of the thigh?(circle) back front inside outside
Which part of the calf? (circle) back front inside outside
Is the leg pain greater than the back pain? Yes No
Is the back pain greater than the leg pain? Yes No
Are the back pain and leg pain equal? Yes No

(C) Do you have any of the following in the **right** leg?

Numbness Yes or No
Tingling Yes or No
Weakness Yes or No

(D) Do you have any of the following in the **left** leg?

Numbness Yes or No
Tingling Yes or No
Weakness Yes or No