

PLEDGER ORTHOPAEDIC & SPINE CENTER

EXTENDED BACK

Patient _____ Date _____

Family Physician _____

The onset of my back pain has been:

- Acute
- Suddenly
- Suddenly following an incident not at work
- Suddenly following an incident at work
- Suddenly following no specific incident
- Gradual
- Gradually over time
- Gradual following no specific incident
- Gradual following an incident at work
- Gradual following an incident not at work
- Gradually improving
- Gradually worsening

The duration of my pain has been:

- Minutes _____
- Hours _____
- Days _____
- Weeks _____
- Months _____
- Years _____

The pattern of my pain has been:

- Increasing
- Decreasing
- Recurrent
- Episodic

The pattern of my pain:

- Comes and goes
- Is present all the time
- Is present all the time with flare-ups
- Increases with activity
- Is related to the level of activity
- Is unrelated to activity
- Is unrelated to the level of activity

- My back pain can be characterized as an:**
 - Ache
 - Burning sensation
 - Catching
 - Cramping
 - Discomfort
 - Dull ache
 - Electrical
 - Pain
 - Needles and pins
 - Numbness
 - Piercing pain
 - Sharp, stabbing pain
 - Shooting pain
 - Tightness
 - Tingling

- The severity of my pain can be described as:**
 - Mild in severity
 - Mild to moderate in severity
 - Moderate in severity
 - Moderate to severe
 - Severe

- My pain usually occurs:**
 - More in the early morning
 - More toward the evening
 - At night
 - At rest
 - Only during exertion
 - Both day and night
 - When climbing stairs
 - When walking

- How would you describe your back versus leg pain:**
 - Back hurts much more than the legs
 - Back hurts somewhat more than the legs
 - Legs and back hurt about the same
 - Legs hurt somewhat more than the back
 - Legs hurt much more than the back

- My pain starts in the:**
 - Upper back
 - Middle back
 - Lower back
 - Right buttock
 - Left buttock
 - Both buttocks
 - Left lower extremity
 - Right lower extremity
 - Both lower extremities
 - Right thigh
 - Left thigh
 - Left calf
 - Right calf
 - Left foot
 - Right foot

□ **My pain radiates to:**

- No radiation
- Lower abdomen
- Right groin
- Left groin
- Right testicle
- Left testicle
- Right buttock
- Left buttock
- Both buttocks
- Right hip
- Left hip
- Both hips
- Front of right thigh
- Front of left thigh
- Front of both thighs
- Back of right thigh
- Back of left thigh
- Back of both thighs
- Outside of right thigh
- Outside of left thigh
- Outside of both thighs
- Back of right calf
- Back of left calf
- Back of both calves
- Outside of right calf
- Outside of left calf
- Outside of both calves
- Inside of right calf
- Inside of left calf
- Inside of both calves
- Right shin
- Left shin
- Both shins
- Outside of right foot
- Outside of left foot
- Outside of both feet
- Top of right foot
- Top of left foot
- Top of both feet
- Right big toe
- Left big toe
- Both big toes
- Right heel
- Left heel
- Both heels
- Bottom of right foot
- Bottom of left foot
- Bottom of both feet

□ **My back pain was caused by:**

- Nothing
- Exertion
- Lifting
- Twisting
- Falling
- Automobile accident
- Trauma

□ **My back pain is usually aggravated by:**

- Nothing
- Exertion
- Lying flat
- Sitting
- Sneezing
- Coughing
- Straining on bowel movements
- Bending
- Twisting
- Lifting
- Standing
- Walking
- Driving
- Cooking
- Vacuuming
- Laundry
- Yard work
- Getting in or out of chair
- Getting up out of bed in the morning
- Going up and down stairs
- Putting on socks or shoes
- Carrying groceries
- My job
- Reaching overhead
- Sexual intercourse

□ **My back pain is relieved by:**

- Nothing
- Rest
- Cold compress
- Lying down
- Bed rest
- Exercise
- Exercise by a therapist
- Heat
- Sitting
- Standing
- Bending forward
- Physical therapy
- Pain medication
- Anti-inflammatory medication
- Muscle relaxants
- Oral steroids
- Local injections
- TENS unit
- Electric stimulation
- Brace
- Cane
- Crutches
- Walker
- Traction
- Ultrasound
- Manipulation by a chiropractor
- Massage therapy
- Epidural steroids
- Home exercise program
- Transforaminal nerve blocks

□ **Leg numbness**

- There is no leg numbness (if selected, skip the next question)
- There is leg numbness

- **The location of the leg numbness:**
 - Front of right thigh
 - Front of left thigh
 - Front of both thighs
 - Outside of right thigh
 - Outside of left thigh
 - Outside of both thighs
 - Back of right thigh
 - Back of left thigh
 - Back of both thighs
 - Outside of right calf
 - Outside of left calf
 - Outside of both calves
 - Back of right calf
 - Back of left calf
 - Back of both calves
 - Right shin
 - Left shin
 - Both shins
 - Outside of right foot
 - Outside of left foot
 - Outside of both feet
 - Top of right foot
 - Top of left foot
 - Top of both feet
 - Bottom of right foot
 - Bottom of left foot
 - Bottom of both feet
 - Right heel
 - Left heel
 - Both heels

- **Associated with my back, leg weakness is present:**
 - Neither leg (if selected, skip the next question)
 - Right leg
 - Left leg
 - Both legs

- **My leg weakness causes:**
 - My legs to buckle
 - Me to fall

- **The following symptoms occur with my back pain:**
 - Blurred vision
 - Chest pain
 - Cyanosis (bluish skin)
 - Dizziness
 - Diaphoresis (sweating)
 - Dyspnea (difficulty breathing)
 - Digital clubbing
 - Fatigue
 - Focal neurologic deficits
 - Muscle weakness
 - Pallor of extremity
 - Parasthesias
 - Poor exercise tolerance
 - Numbness & tingling in fingers
 - Numbness & tingling in toes
 - Visual disturbances
 - Foot/leg ulcers
 - Calf swelling
 - Cool extremity
 - Cough
 - Fever
 - Chills

- Previous diagnostic tests**
 - None
 - Plain radiographs
 - MRI – Lumbar spine
 - MRI – Thoracic spine
 - MRI – Pelvis
 - MRI – Hip
 - CT Scan
 - CT/Myelogram
 - Bonescan
 - EMG/PNCV's
 - Discogram

- I have previously been evaluated by:**
 - None
 - Orthopaedic surgeon
 - Neurosurgeon
 - Neurologist
 - Urgent care center
 - Primary care physician
 - Rheumatologist
 - Psychiatrist
 - Chiropractor
 - Emergency room
 - Pain management
 - Psychologist/psychiatrist

- I have had the following physical therapy:**
 - None
 - Stretching exercises
 - Strengthening exercises
 - Active assisted range of motion exercises
 - Active range of motion exercises
 - Home exercise program
 - TENS unit
 - Ultrasound
 - Phonophoresis
 - Iontophoresis
 - Massage therapy
 - Whirlpool
 - Heat
 - Ice
 - Traction

- I have had the following spine surgeries:**
 - None
 - Posterior lumbar interbody fusion
 - Posterior spinal fixation
 - Posterolateral fusion without hardware
 - Posterolateral fusion with hardware
 - Posterolateral fusion
 - Laminectomy & discectomy
 - Anterior lumbar interbody fusion
 - Anterior spinal fixation
 - Cervical discectomy
 - Cervical fusion
 - Scoliosis surgery

- I use the following assistive devices:**
 - None
 - Brace
 - Full-time bracing
 - Corset
 - Cane
 - Crutch
 - Walker
 - Wheelchair

□ **My pain interferes with the following:**

- Nothing about the patient's lifestyle
- Personal grooming
- Driving
- Walking
- Bathing
- Work not at all
- Work minimally
- Work moderately
- Work severely
- Cooking
- Childcare
- Intercourse never
- Intercourse occasionally
- Intercourse frequently
- Sweeping
- Gardening
- Yard work
- Vacuuming
- Leisure activities not at all
- Leisure activities
- Sleep not at all
- Sleep minimally
- Sleep moderately
- Sleep severely
- Sports activities – not at all
- Sports activities minimally
- Sports activities moderately
- Sports activities severely

□ **Because of my back I have the following issues:**

- None
- Pending litigation
- Pending social security disability application
- Pending workers compensation
- Previous workers compensation claim
- Worker's compensation claim
- Social security
- Divorce
- Child support

□ **I have the following medical problems:**

- Acid reflux
- Anemia
- Angina
- Asthma
- Cardiovascular disease
- Diabetes
- Elevated cholesterol
- Elevated triglycerides
- Hypertension
- Lung disease
- Peripheral vascular disease
- Phlebitis
- Stroke
- Long history of tobacco use
- Coronary artery disease
- Malignancy
- Drug dependency
- Drug addiction
- Fibromyalgia
- Neuropathy

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Low Back Pain Disability Questionnaire

Name: _____

Date: _____

PLEASE READ: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE MARK THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SECTION 1 - PAIN INTENSITY

- The pain come and goes and is very mild
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

SECTION 2 - PERSONAL CARE

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain, but I manage not to change my way of doing it.
- Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing and dressing without help.
- Because of the pain, I am unable to do any washing or dressing without help.

SECTION 3 - LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if conveniently positioned.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights.
- I can only lift very light weights, at the most.

SECTION 4 - WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile
- I can only walk while using a cane or crutch.
- I am in bed most of the time and have to crawl to the toilet.

SECTION 5 - SITTING

- I can sit in any chair as long as I like without pain.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour
- Pain prevents me from sitting more than 1/2 hour
- Pain prevents me from sitting more than 10 min.
- Pain prevents me from sitting at all.

SECTION 6 - STANDING

- I can stand as long as I want without pain
- I have some pain while standing, but it does not increase with time.
- I cannot stand for longer than 1 hour.
- I cannot stand for longer than 30 minutes.
- I cannot stand for longer than 10 minutes.
- I avoid standing, because it increases the pain.

SECTION 7 - SLEEPING

- I get no pain in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of the pain, I sleep about 6 hours a night.
- Because of the pain, I sleep about 4 hours a night.
- Because of the pain, I sleep about 3 hours a night.
- Pain prevents me from sleeping at all.

SECTION 8 - SOCIAL LIFE

- My social life is normal and gives me no pain.
- My social life is normal, but increases my pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests.
- Pain has restricted my social life and I do not go out often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

SECTION 9 - TRAVELING

- I get no pain while traveling
- I get some pain while traveling, but none of my usual forms of traveling make it any worse.
- I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- I get extra pain while traveling which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

SECTION 10 - CHANGING DEGREE OF PAIN

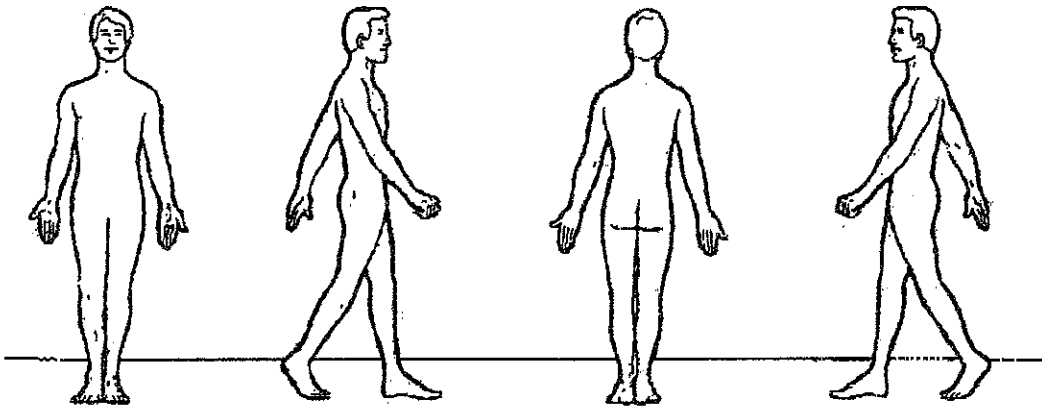
- My pain is rapidly getting better.
- My pain fluctuates, but overall is definitely getting better.
- My pain seems to be getting better, but improvement is slow at present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

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Pain Diagram

Patient Name _____ Date _____

Using the symbols listed below, mark on the four drawings below which areas on your body where you feel the described sensations:



Use the appropriate symbols:

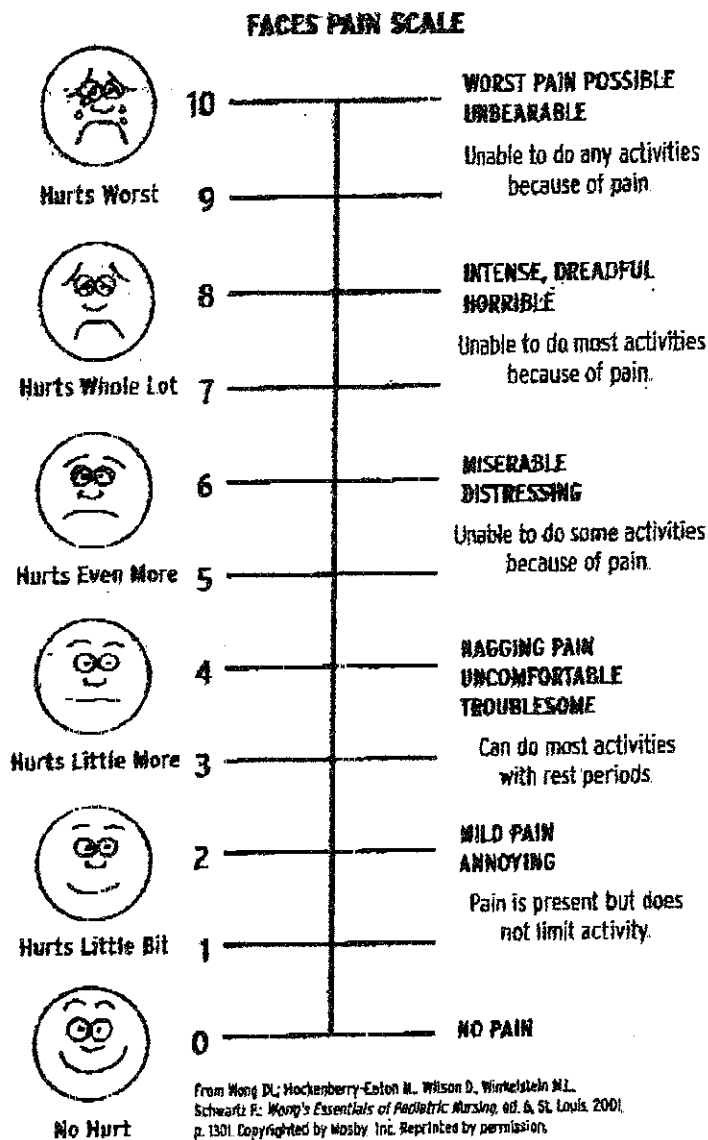
Numbness	===	Dull Ache	000
Hot Burning	x x x	Sharp Stabbing	///
Pins & Needles	+++	Other:	_____

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Visual Analog Pain Scale

Patient Name _____ Date _____

Please mark your pain level for the last two days.



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