

Neck and Back Assessment :

Your symptoms

Which of the following do you have? (✓ all that apply)

- Back pain Tingling in arm or leg
 Neck pain Weakness in arm or leg

How long have you suffered from these symptoms?

- ≤ 6 weeks 7-12 weeks ≥ 4 months

Do you have pain radiating past your knee or elbow?

- Yes No

Does your leg or arm ever go numb?

- Yes No

Have you had back or neck surgery before?

- Yes No

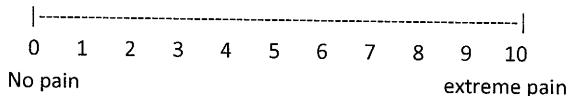
Does your back or neck pain wake you up at night?

- Yes No

How many pills do you take each day for pain relief?

- No pills 1-4 pills ≥ 5 pills

Circle your pain level on a scale of 0 to 10, with 0 being no pain at all and 10 being extreme pain.



Your expectations:

What result do you expect from your care?

- Relief from pain symptoms Yes No N/A
 Return to your job Yes No N/A
 Return to leisure activities Yes No N/A
 Improved sleep Yes No N/A

How do your symptoms affect your life?

Which of the following describes you currently?

- Working
 Not working because of back or neck problem
 Not working because of another health problem
 Homemaker, retired or unemployed

Did your back or neck injury happen at work?

- Yes No

If you are not working, how long have you been off work because of your back or neck problem?

- ≤ 1 month > 1 month

Describe the activities involved in your job that you have now, or hope to return to (✓ all that apply)

- Heavy / frequent lifting
 Pushing / pulling
 Prolonged sitting or driving
 Prolonged standing

The following are activities you might do in a typical day. Does your back or neck pain limit you in these activities? If so, how much?

	Yes, Limited A lot	Yes, Limited a little	Not Limited at all
Strenuous activities like running, lifting heavy objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activities like housework, pushing a vacuum, playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking for 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting for 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing for 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting dressed, bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where is your pain now? :

(Please mark the appropriate areas on the body maps)

- xxx = pain
 000 = numbness
 /// = dull ache
 ^^^ = sharp pains / burning

What % of your TOTAL pain is:

- Neck? _____
 Arm? _____
 Back? _____
 Leg? _____

