How does the following affect your symptoms:

	Better	Worse	Same
Walking	❑	❑	❑
Standing	❑	❑	❑
Sitting	❑	❑	❑
Kneeling	❑	❑	❑
Lying in Bed	❑	❑	❑
Sneezing	❑	❑	❑
Coughing	❑	❑	❑

	Better	Worse	Same
Lifting	❑	❑	❑
Exercise	❑	❑	❑
Twisting	❑	❑	❑
Bending	❑	❑	❑
Stairs	❑	❑	❑
Rising from Sitting	❑	❑	❑
Other________________	❑	❑	❑

Which makes your pain better: ❑ Rest ❑ Heat ❑ Ice ❑ Elevation ❑ Massage ❑ Other________________

Is your pain worse at night: ❑ Yes ❑ No Does pain awaken you from sleep: ❑ Yes ❑ No

Do your legs tire / hurt if you walk too far: ❑ Yes ❑ No

If yes, how far can you walk: ❑ less than one block ❑ 1-3 blocks ❑ more than 3 blocks

Is the pain relieved by: resting your legs ❑ Yes ❑ No Bending forward: ❑ Yes ❑ No

How long can you Sit? ____________________ Stand? ____________________

Since your problem started has it gotten: Better Worse Same

If your pain has changed, what percentage? (cirle one) 10 20 30 40 50 60 70 80 90 100 %

IF YOU ARE BEING SEEN FOR BACK OR NECK PAIN PLEASE FILL OUT THE FOLLOWING SECTION

How bad is your pain? Place an "X" (----X----) on each of the lines to indicate your pain.

How bad is your **low back** pain? No Pain ________________________________ Worst Possible

How bad is your **leg** pain? No Pain ________________________________ Worst Possible

How bad is your **middle back** pain? No Pain ________________________________ Worst Possible

How bad is your **neck** pain? No Pain ________________________________ Worst Possible

How bad is your **arm** pain? No Pain ________________________________ Worst Possible

Mark on the areas on your body where you feel the described sensations. Use the symbols list below.
Mark the areas of radiating pain or numbness as well. Include all affected areas.

Numbness	Tingling	Burning	Stabbing/Sharp	Aching	Cramping
ooo	;;;;	XXX	////	^^^	▫▫▫