

For office use only: CC: _____

BP _____ / _____
TEMP _____
WT _____



Spine Follow Up Questionnaire

Name: _____ Today's Date: _____
AZSC #: _____ Date of Surgery/Injection: _____ +
(If applicable)

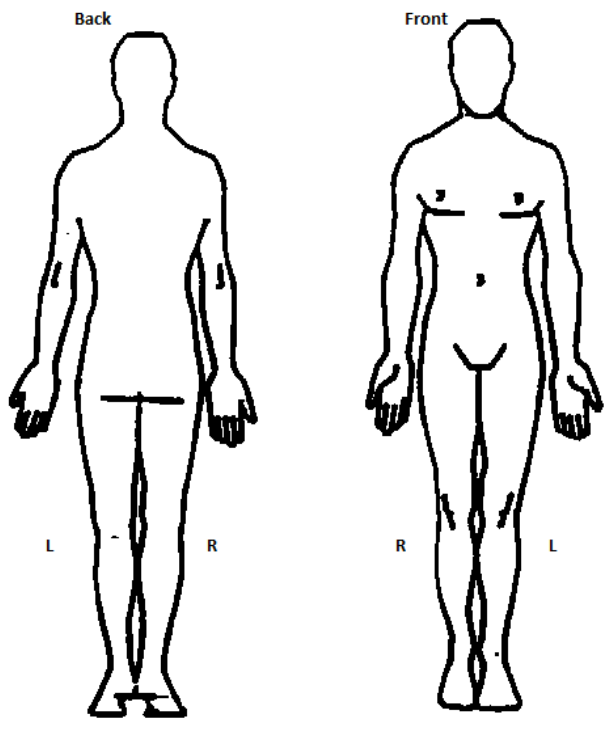
Pain Drawing

1. Mark on the drawings below using the symbols (=, ^, O, /, X +) to best describe your pain quality.

Numbness =====
Stabbing //////////////

Ache ^ ^ ^ ^ ^ ^ ^ ^
Burning X X X X X X

Pins and Needles O O O O O O
Cramping + + + + + + +



2. Which hurts you more, your legs or back? (Check only ONE statement)
____ 1. Legs hurt much more than back _____ % back pain (total of back and leg percentage should equal 100%)
____ 2. Legs and back hurt about the same
____ 3. Back hurts much more than legs _____ % leg pain

3. Which hurts you more, your neck or arms? (check only ONE statement)
____ 1. Arms hurt much more _____ % neck pain (total of neck and arm percentage should equal 100%)
____ 2. Neck hurts much more than arms
____ 3. Neck and arms hurt about the same _____ % arm pain

4. Please **circle** the a number which best describes your current pain level.
0 represents no pain **10 is the worst pain you can imagine**

0 1 2 3 4 5 6 7 8 9 10