Pain History

Name: ______ First ______ Last ______ ***Date of Birth:*** ______

Today's Date: ______ Month ______ Day ______ Year

Please answer each question as accurately as possible.

This information will help the doctor diagnose your condition and formulate a treatment plan.

1. On what date did your present problem begin? ______
   (If no specific time is identifiable, give approximate date by month.)

2. Circle those activities which significantly increase your pain:

- lying down	*- walking*	*- coughing or sneezing*	*- exercise (after)*
- sitting	*- bending forward*	*- exercise (during)*	
- standing	*- bending backward*	*- other:* ______	

3. Circle those activities which consistently reduce your pain:

- lying down	*- exercise*	*- muscle relaxant pills*	*- pain pills*
- sitting	*- physical therapy*	*- aspirin or anti-inflammatory pills*	*- walking*
- standing	*- stretching*	*- other:* ______	

4. Is your back very stiff in the morning when you get out of bed, but the stiffness decreases significantly within an hour or two? *YES* *NO*

5. At the end of a normal day of activity, does your pain and/or stiffness routinely become worse?.....or more noticeable? *YES* *NO*

6. Does your back feel as if it suddenly "gives way" when you bend forward? *YES* *NO*

7. After prolonged standing or walking, does bending forward significantly relieve your pain? *YES* *NO*

8. Does your leg often hurt or tingle when you bend forward? *YES* *NO*

9. Does your leg hurt or tingle when you stand or walk for long periods of time? *YES* *NO*

10. Does your pain prevent you from performing your regular work or normal duties? *YES* *NO*

11. Does your pain/condition interfere with sleeping? *YES* *NO*

12. Do you have trouble with sexual activities because of this pain? *YES* *NO*

13. Have you had trouble with urine or bowel control since starting to have this pain? *YES* *NO*

14. Does your pain keep you from doing certain things that you routinely used to do? *YES* *NO*
    If yes, what? ______

15. Have you ever had problems in the past which were very similar to the present one? *YES* *NO*
    If yes, explain: ______