

Today's Date: _____

Name: _____

Date of Birth: _____

SELF EVALUATION - Lumbar / Cervical Pain

Circle all that apply:

- 1. My back / neck pain is more intense than my leg / arm pain. YES NO
- 2. My leg / arm pain is more intense than my back / neck pain. YES NO
- 3. The word(s) I would use to describe my back / neck pain is:
Sharp Dull Aching Throbbing Burning Other _____
- 4. The word(s) I would use to describe my leg / arm pain is:
Sharp Dull Aching Throbbing Burning Other _____
- 5. My back / neck pain is there all the time. YES NO
- 6. My leg / arm pain is there all the time. YES NO

LUMBAR PAIN

I am most comfortable when I am:
Sitting Standing Walking Lying

I am least comfortable when I am:
Sitting Standing Walking Lying

My leg pain goes away if I sit down.
YES NO

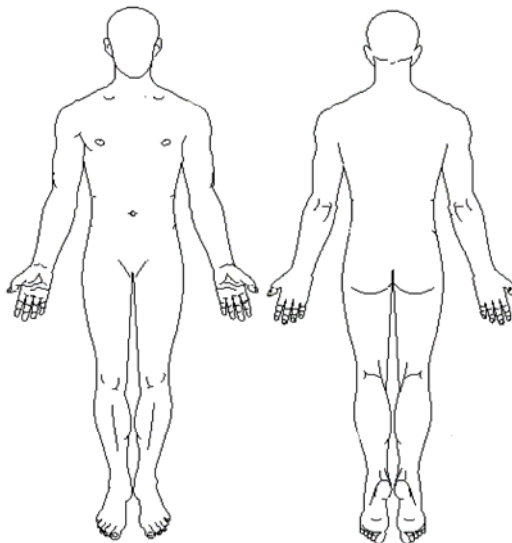
CERVICAL PAIN

I am: **Right-handed Left-handed**

My hands feel clumsy. **YES NO**

I frequently drop things. **YES NO**

Using the pictures below, draw lines or shade the area(s) where you experience pain:



How bad is your pain?

On a scale of 1 to 10, circle your pain.

At its very worst 1 2 3 4 5 6 7 8 9 10

Now 1 2 3 4 5 6 7 8 9 10

Overall, is your pain generally: Improving Same Worsening