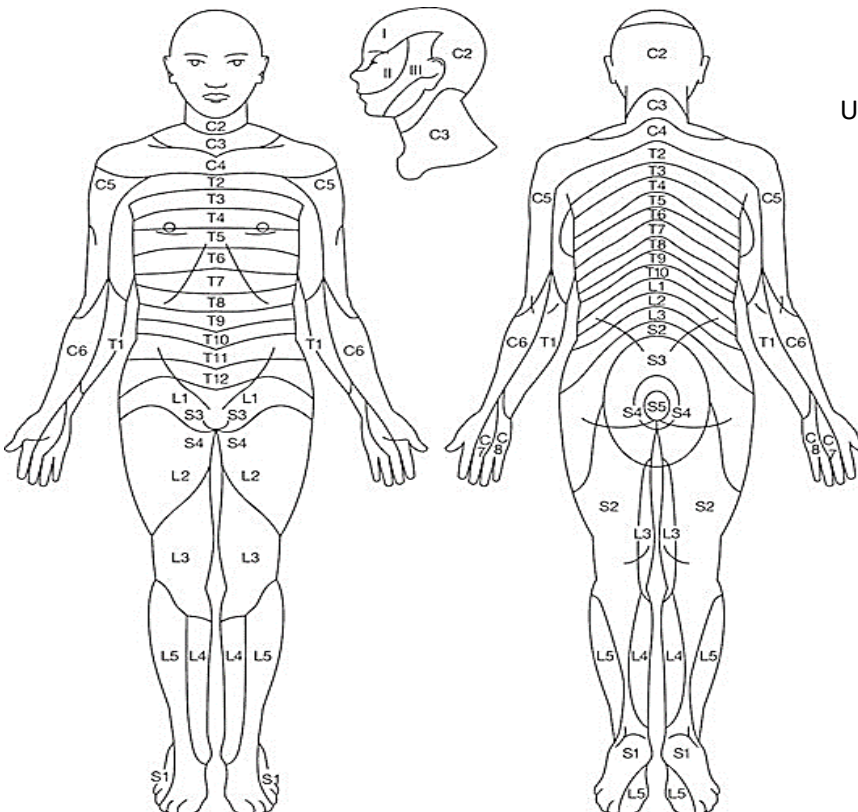




JOHN G FINKENBERG, M.D. | MARK D JACOBSON, M.D. | JAMES E BATES, M.D. | RALPH E RYNNING, M.D. | MATTHEW D WILSON, DPM

## SPINE QUESTIONNAIRE

LAST NAME, FIRST NAME:			BIRTHDATE:	
DIAGNOSTIC STUDIES				
TYPE OF STUDY	BODY PART(S)	HOSPITAL/FACILITY	DATE	
X-RAY				
MRI				
CT SCAN				
PRIOR SPINAL SURGERIES				
SURGICAL PROCEDURE(S)	DATE	PAIN RELIEVED?	DURATION (IN MONTHS / YEARS)	
DISCECTOMY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAMINECTOMY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
SPINAL DECOMPRESSION / FUSION		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PAIN DESCRIPTION				
AWAKENS YOU FROM SLEEP <input type="checkbox"/> YES <input type="checkbox"/> NO		PINS AND NEEDLES SENSATION <input type="checkbox"/> YES <input type="checkbox"/> NO		LOSS OF BLADDER OR BOWEL CONTROL <input type="checkbox"/> YES <input type="checkbox"/> NO
				INCREASED PAIN W/ SNEEZING/COUGHING <input type="checkbox"/> YES <input type="checkbox"/> NO
PAIN RADIATES TO:	ARM(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	BUTTOCK(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	THIGH(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	LEG(S): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
RATE YOUR PAIN:	<b>MILD</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <b>SEVERE</b>			



### PAIN DISTRIBUTION DRAWING

USE COLORED PENS TO DRAW THE LOCATION OF YOUR PAIN.

USE THE COLOR DESCRIPTIONS BELOW:

**RED:** PINS AND NEEDLES SENSATION

**BLUE:** SHARP, STABBING PAIN

**GREEN:** DULL, ACHING/CRAMPING SENSATION