

# LOW BACK PAIN/ LEG PAIN QUESTIONNAIRE

Patient Name:	Today's Date:
DOB:	Age:

Office Use:

Where is your pain located?
Date of injury ~or~ When did your pain start?                    /                    /
How did your pain problem start?
Have you had a motor vehicle accident or work injury with a suspected fracture? <input type="checkbox"/> Y <input type="checkbox"/> N

**Please mark "YES" or "NO" for each of the following conditions:**

<input type="checkbox"/> Y <input type="checkbox"/> N	Have you had any prior surgery for this or similar type pain problem? If yes, when?                    /                    /
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have LEFT leg pain?
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have RIGHT leg pain?
<input type="checkbox"/> Y <input type="checkbox"/> N	If yes to either, does the pain go below your knee?

<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have TINGLING in your legs/ feet?
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have NUMBNESS in your legs/ feet?
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have WEAKNESS in your legs/ feet?
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have NUMBNESS in groin or buttock area?

<input type="checkbox"/> Y <input type="checkbox"/> N	Have you lost control of your BLADDER function?
<input type="checkbox"/> Y <input type="checkbox"/> N	Have you lost control of your BOWEL function?

<input type="checkbox"/> Y <input type="checkbox"/> N	Do you require a cane?                    If yes, date started:                    /                    /
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you require a walker?                    If yes, date started:                    /                    /
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you require a wheel chair?                    If yes, date started:                    /                    /
<input type="checkbox"/> Y <input type="checkbox"/> N	Other aid to assist with walking?                    If yes, date started:                    /                    /

Office Use: