

SALT LAKE ORTHOPAEDIC CLINIC  
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CERVICAL AND LOW BACK FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**CERVICAL PAIN**

1. Describe your pain: (sharp/stabbing, dull ache, etc.) \_\_\_\_\_

2. How did your pain begin?

- a. Slow gradual onset
- b. Sudden onset

3. How long have you been in pain?

- a. A few years
- b. Several days
- c. Several weeks
- d. Several months

4. Is your pain:

- a. Intermittent
- b. Constant

5. Has your pain been:

- a. Getting worse
- b. Staying the same
- c. Getting better

6. Where is your pain?

- a. Neck
- b. Neck and right arm
- c. Neck and left arm
- d. Neck and both arms

7. Where is the pain in your arm?

- a. Entire arm
- b. Front of arm
- c. Outside of arm
- d. Inside of arm
- e. Back of arm
- f. None

8. How far down your arm does the pain go?

- a. Shoulder
- b. Elbow
- c. Wrist
- d. Hand
- e. Doesn't apply to me

9. If the pain goes into your hand, in which part of your hand does it go?

- a. Entire hand
- b. Thumb
- c. Index finger
- d. Middle finger
- e. Ring finger
- f. Small finger

10. From 0 to 10, what is the average level of your **neck pain** in the last few days?

☺ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 ☹  
No Pain Excruciating Pain

11. From 0 to 10, what is the average level of your **arm pain** in the last few days?

☺ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 ☹  
No Pain Excruciating Pain

12. What percent of your pain is in your neck versus your arm? (must equal 100%)

(Example: d 70% neck vs. 30% arm – circle just one)

	NECK PAIN	vs.	ARM PAIN
a.	100%		0%
b.	90%		10%
c.	80%		20%
d.	70%		30%
e.	60%		40%
f.	50%		50%
g.	40%		60%
h.	30%		70%
i.	20%		80%
j.	10%		90%
k.	0%		100%

13. Do you have numbness in your arm?

- |  |                              |
|--|------------------------------|
| a. No numbness                               | d. Numbness in front of arm  |
| b. Numbness in same distribution as the pain | e. Numbness in inside of arm |
| c. Numbness in back of arm                   |                              |

14. Do you have numbness in your hand?

- |  |                                    |
|--|------------------------------------|
| a. No numbness                                   | e. Numbness in the outside of hand |
| b. Numbness in the same distribution as the pain | f. Numbness in the inside of hand  |
| c. Numbness in the entire hand                   | g. Numbness in the bottom of hand  |
| d. Numbness in the top of hand                   |                                    |

15. Do you have weakness in your arm?

- |                               |                          |
|-------------------------------|--------------------------|
| a. No weakness                | d. Weakness in the elbow |
| b. Weakness in the entire arm | e. Weakness in the wrist |
| c. Weakness in the shoulder   | f. Weakness in hand      |

### LUMBAR PAIN

16. Describe your pain: (sharp/stabbing, dull ache, etc.) \_\_\_\_\_

17. How did your pain begin?

- Slow gradual onset
- Sudden onset

18. How long have you been in pain?

- a. A few years
- b. Several days
- c. Several weeks
- d. Several months

19. Is your pain:

- a. Intermittent
- b. Constant

20. Has your pain been:

- a. Getting worse
- b. Staying the same
- c. Getting better

21. Where is your pain?

- a. Low back
- b. Low back and both legs
- c. Low back and left leg
- d. Low back and right leg

22. Where is the pain in your leg?

- a. Entire leg
- b. Front of leg
- c. Outside of leg
- d. Inside of leg
- e. Back of leg
- f. None

23. How far down your leg does the pain go?

- a. Buttock
- b. Thigh
- c. Calf
- d. Foot
- e. Doesn't apply to me

24. If the pain goes into your foot, in which part of your foot does it go?

- a. Entire foot
- b. Top
- c. Bottom
- d. Inside
- e. Outside

25. What were you doing at the time your pain began?

- a. Household activities
- b. Lifting/bending at work
- c. After falling
- d. In a motor vehicle accident
- e. While playing sports
- f. Unknown

26. From 0 to 10, what is the average level of your **back pain** in the last few days?

0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10  
No Pain Excruciating Pain

27. From 0 to 10, what is the average level of your **leg pain** in the last few days?

0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10  
No Pain Excruciating Pain

28. What percent of your pain is in your back versus your leg? (must equal 100%)

(Example: d 70% back vs. 30% leg – **circle just one**)

	BACK PAIN	vs.	LEG PAIN
l.	100%		0%
m.	90%		10%
n.	80%		20%
o.	70%		30%
p.	60%		40%
q.	50%		50%
r.	40%		60%
s.	30%		70%
t.	20%		80%
u.	10%		90%
v.	0%		100%

29. Do you have numbness in your leg?

- a. No numbness
- b. Numbness in same distribution as the pain
- c. Numbness in back of leg
- d. Numbness in front of leg
- e. Numbness in inside of leg

30. Do you have numbness in your foot?

- a. No numbness
- b. Numbness in the same distribution as the pain
- c. Numbness in the entire foot
- d. Numbness in the top of foot
- e. Numbness in the outside of foot
- f. Numbness in the inside of foot
- g. Numbness in the bottom of foot

31. Do you have weakness in your leg?

- a. No weakness
- b. Weakness in the entire leg
- c. Weakness in the hip
- d. Weakness in the knee
- e. Weakness in the ankle

32. Have you had changes in your bowel and bladder habits?

- a. No change in bowel and bladder habits
- b. increased frequency in urination
- c. Constipation
- d. Diarrhea
- e. Difficulty controlling urine/stool

33. What activities make the pain worse?

- a. Coughing and sneezing
- b. Bending forward
- c. Lifting
- d. Lying down
- e. Walking
- f. Sitting
- g. Any activity in general

34. Which pain medications have you tried for your pain?

- a. None
- b. Lortab
- c. Percocet
- d. Advil/Motrin/ibuprofen
- e. Naprosyn
- f. Ultram
- g. Oxycontin
- h. Tylenol #3
- i. Darvocet
- j. Relafen
- k. Celebrex
- l. Tylenol
- m. Soma
- n. Flexeril
- o. Valium
- p. Other \_\_\_\_\_

**Other Treatments for Pain**

35. When was the last time you visited a physical therapist for your back pain?

- a. Never
- b. A few days ago
- c. Several weeks ago
- d. Several months ago

36. How many times have you visited a physical therapist for this back/leg pain?

- a. Never
- b. 1-2
- c. About 5-10
- d. About 10-20
- e. Over 20

37. How many times have you visited a chiropractor for this pain?

- a. No visits
- b. 1-2 visits
- c. About 5-10 visits
- d. About 10-20 visits
- e. Over 20

38. What other treatments have you tried?

- a. Facet injections
- b. Trigger point injections
- c. Nerve root injections
- d. Epidural steroid injections, how many \_\_\_\_\_
- e. TENS unit
- f. Acupuncture
- g. Massage Therapy
- h. Bed Rest
- i. Other \_\_\_\_\_

39. What other studies have you had done?

- a. Bone scan
- b. CT scan
- c. Myelogram
- d. EMG
- e. MRI
- f. X-rays
- g. Blood work

40. What, if any, previous back or neck surgeries have you had? (How many?)

- a. No previous surgery
- b. Discectomy (\_\_\_\_\_)
- c. Laminectomy/decompression (\_\_\_\_\_)
- d. Lumbar fusion (\_\_\_\_\_)
- e. Unknown(\_\_\_\_\_)
- f. Other \_\_\_\_\_ (\_\_\_\_\_)

41. When was your last back surgery performed? \_\_\_\_\_

42. Did the surgery help with your symptoms? YES NO

**Work Status**

43. What is your present work status (full-time, part-time, unemployed, etc.)? \_\_\_\_\_

44. Date last worked? \_\_\_\_\_

45. What is average weight of objects you have to lift at work? \_\_\_\_\_

46. How frequently are you required to lift daily?

a. Rarely

b. Occasionally

c. Frequently

d. Constantly

Check any of the following you have had in the **recent past**

\_\_\_ Cough

\_\_\_ Sore throat

\_\_\_ Chest pain

\_\_\_ Shortness of breath

\_\_\_ Pain with urination

\_\_\_ Weight loss

\_\_\_ Fever

\_\_\_ Chills

\_\_\_ Abdominal pain

\_\_\_ Depression