

SALT LAKE ORTHOPAEDIC CLINIC
KADE T. HUNTSMAN, M.D.
LOW BACK FORM

Date: _____

Name: _____

Date of Birth: _____

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

7. 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

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

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

9. 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

10. 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

11. 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 _____

12. 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

13. 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

14. 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

15. 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 |
|----|-----------|-----|----------|
| 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% |

16. 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
17. 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
18. 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
19. 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

Other Treatments for Pain

20. 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
21. 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
22. 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
23. 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_____
24. 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

25. What, if any, previous back surgeries have you had? (How many?)
- a. No previous surgery
 - b. Discectomy (_____)
 - c. Laminectomy/decompression (_____)
 - d. Lumbar fusion (_____)
 - e. Unknown(_____)
 - f. Other _____ (_____)

26. When was your last back surgery performed? _____

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

Work Status

28. What is your present work status (full-time, part-time, unemployed, etc.)? _____

29. Date last worked? _____

30. What is average weight of objects you have to lift at work? _____

31. 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 | ____ Weight loss |
| ____ Sore throat | ____ Fever |
| ____ Chest pain | ____ Chills |
| ____ Shortness of breath | ____ Abdominal pain |
| ____ Pain with urination | ____ Depression |