| Bertrand Chaffee Hospital<br>Springville, NY<br>Physical Therapy Department   |  |                            |     |  |
|---|--|----------------------------|-----|--|
| <b>Back and Neck History Questionnaire</b>  |  |                            |     |  |
| Name: Date:   |  |                            |     |  |
| In your own words, what is your major problem?  |  | Shade in location of pain: |     |  |
| What are your present symptoms?   |  |                            |     |  |
| When did this problem begin?  Do you know what might have caused/aggravated the problem?  Has your condition: □ Improved □ Worsened □ Stayed the same Is your pain: □ Constant □ On/Off  What makes your pain better? □ Being still □ Keeping on the move |  |                            |     |  |
|   |  |                            |     |  |
| Pain is aggravated by: □ Cough □ Sneeze □ Lifting/Straining   |  |                            |     |  |
| Place 2 marks on the line below, one rating <i>lowest</i> level of current pain, and one rating the <i>highest</i> level of current pain:  No pain at all Pain as bad as it could be  |  |                            |     |  |
| (BEST) Zero   |  | 10 (WORST)                 |     |  |
| Pain is made worse by: □ Bending □ Sitting □ Standing Pain is made better by: □ Bending □ Sitting □ Standing  |  | _                          | • • |  |
| Do you take medication for this problem?   No Yes List:  If so, does it give you any relief?   No Yes   |  |                            |     |  |
| How do you normally sleep? □ Stomach □ Back □ Right side □ Left side Does pain interrupt your sleep? □ No □ Yes   |  |                            |     |  |
| Do you have any problem with bowel/bladder function, or loss of sensation in the genital area? Have you been hospitalized or had surgery for this problem?  |  |                            |     |  |
| What are your goals for treatment?  |  |                            |     |  |
| PAST HISTORY Have you had similar symptoms before?   No  Yes Explain:   |  |                            |     |  |
| Has pain increase in severity or frequency?   |  |                            |     |  |
| Explain how these symptoms are different from previous episodes:  |  |                            |     |  |
|   |  |                            |     |  |