



NEW PATIENT QUESTIONNAIRE

Name: _____
Birthdate: _____



Date: _____
Family Doctor: _____

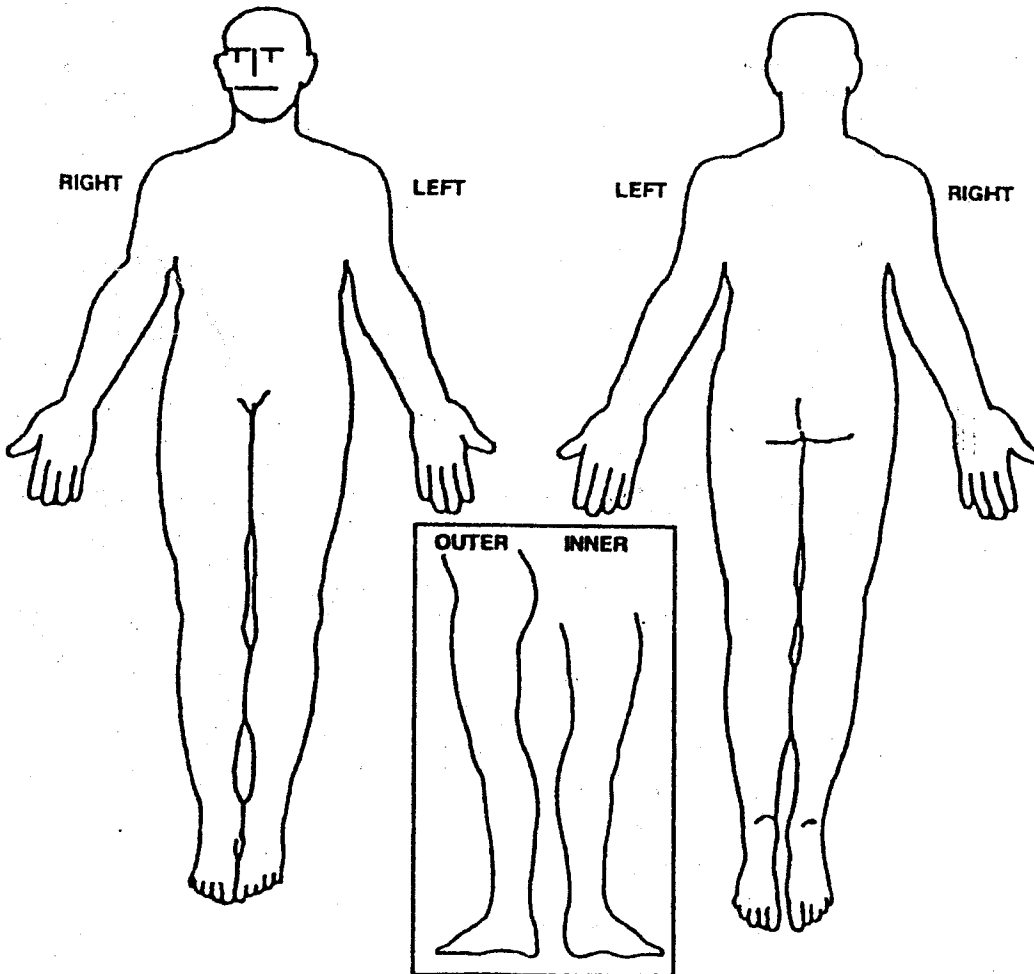


Mark these drawings using the symbol that best describes your pain

Numbness 
Stabbing 

Ache 
Burning 

Pins and Needles 
Cramping 



9 How do the following activities affect your symptoms? Circle a number for each activity.
 0 represents no increase in symptoms 10 a significant increase in symptoms

1 Sitting	0	1	2	3	4	5	6	7	8	9	10
2 Standing	0	1	2	3	4	5	6	7	8	9	10
3 Rising from sitting	0	1	2	3	4	5	6	7	8	9	10
4 Bending forward	0	1	2	3	4	5	6	7	8	9	10
5 Bending backward	0	1	2	3	4	5	6	7	8	9	10
6 Walking	0	1	2	3	4	5	6	7	8	9	10
7 Lying on your back	0	1	2	3	4	5	6	7	8	9	10
8 Lying on your stomach	0	1	2	3	4	5	6	7	8	9	10
9 Coughing and sneezing	0	1	2	3	4	5	6	7	8	9	10
10 Reaching overhead	0	1	2	3	4	5	6	7	8	9	10
11 Lifting from the floor	0	1	2	3	4	5	6	7	8	9	10

10 I can sit in a chair for:

- 1 Less than 5 minutes _____
- 2 5-15 minutes _____
- 3 15-30 minutes _____
- 4 30-60 minutes _____
- 5 As long as I want _____

11 I can stand for:

- 1 Less than 5 minutes _____
- 2 5-15 minutes _____
- 3 15-30 minutes _____
- 4 30-60 minutes _____
- 5 As long as I want _____

12 I can walk for:

- 1 Less than 5 minutes _____
- 2 5-10 minutes _____
- 3 15-30 minutes _____
- 4 30-60 minutes _____
- 5 As long as I want _____

13 Do you use a cane, walker, or a wheelchair? Y / N

	Inside the house	Outside the house
Cane	_____	_____
Walker	_____	_____
Wheelchair	_____	_____

14 Have you been treated for your symptoms? Y / N

15. Have you ever had back/neck surgery? Y/ N. If yes, how many surgeries? _____

16. Describe your current work status:

1. I am currently working full time
2. I am currently working part time
3. I am not working because of my current symptoms
4. I am not working for a reason other than my current symptoms
5. Date I last worked _____
6. If you are still working, do your current symptoms affect your work or do you have pain while working? Y / N
7. What kind of work do you do? _____
8. How much work have you missed because of your current symptoms or similar symptoms? _____

17. Has your pain restricted your social and recreational life? Y / N

Brief Describe: _____

18. Have you hired a lawyer because of your condition? Y / N

19. Do you currently smoke cigarettes? Y / N How much packs a day? _____
Do you currently use snuff or chew? Y / N How much snuff or chew? _____

20. Do you use alcohol? _____ Type? _____ Amount? _____

21. Education:

- | | |
|------------------|-------|
| 1 High school | Y / N |
| 2 2 year college | Y / N |
| 3 4 year college | Y / N |
| 4. Post 4 years | Y / N |

22. Martial Status Married Single Divorced Widowed

23. Do you live alone. With family members or friends (Circle one).