



Get Out of Back Pain

Back Pain Questionnaire

In order to better help you with your back, please answer the following questions:

Name _____ How long have you had back pain if at all? _____

Known Diagnosis related to your back, if any _____
(e.g. bulging disk, degeneration, fusion, arthritis, herniated disk, etc.)

Other known diagnosis _____
(e.g. neck out of alignment, frozen shoulder, scoliosis, etc.)

Indicate what part of your back is problematic, if known. Include which vertebrae, if known _____

(e.g. cervical, thoracic, lumbar, sacral, C-6, L-5/S-1, L-4/L-5, etc.)

Where do you have pain today if at all? Please indicate from 1 (lowest) to 5 (highest) the degree.
____ low back ____ hip ____ feet
____ upper back ____ knee ____ other (please specify) _____
____ neck ____ mid back
____ shoulder ____ down my leg ____ other (please specify) _____

Have you had surgery related to your back? Yes No If so, when and what? _____

What if anything has been helpful for your back pain?
____ stretching ____ yoga ____ exercise
____ pain medication, over the counter, please specify _____
____ anti-inflammatories, please specify _____
____ muscle relaxants, please specify _____
____ pain medication, prescription, please specify _____
____ getting into certain positions, please specify _____
____ avoiding certain positions, please specify _____
____ walking ____ abdominal strengthening
____ other strengthening, please specify _____
____ other, please specify _____

What moves if any make the pain worse? _____

Any other info? Please use the other side if needed. _____

Thank you for your responses.

Your name _____ Date _____