

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Follow Up Back/Leg Form**

**Please complete all questions. All responses will remain confidential.**

1. How long have you had this pain?

\_\_\_\_\_ days       \_\_\_\_\_ month(s)       \_\_\_\_\_ year(s)

2. What makes the pain worse?

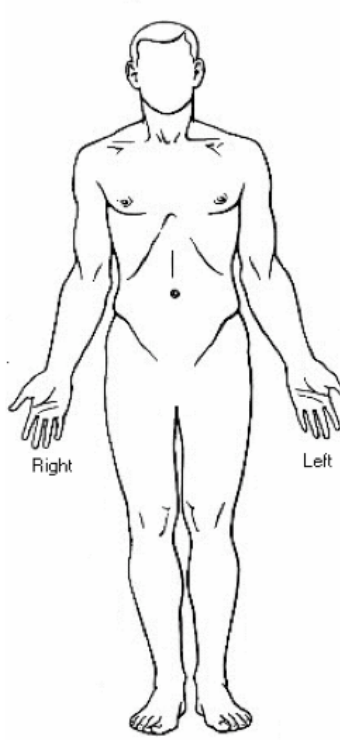
Sitting     Standing     Walking     Lying down     Nothing     \_\_\_\_\_

3. What makes the pain better?

Sitting     Standing     Walking     Lying down     Nothing     \_\_\_\_\_

4. Please mark where your pain is on the diagram below:

Front



Right                      Left

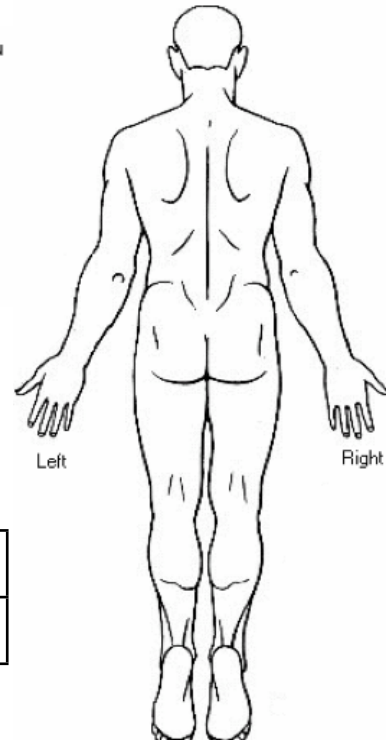
Use the body diagrams to show where you feel the following sensations.

<u>Ache</u>	<u>Numbness</u>	<u>Burning</u>	<u>Stabbing</u>
AAA	000	XXX	///
AAA	000	XXX	///
AAA	000	XXX	///

Pins And Needles

≡ ≡ ≡

Back




Left                      Right

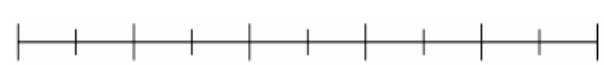
Please indicate the percent of pain that you feel in your back and legs:

Back		%
Leg Pain		%

5. Please place an X on the hash mark that most accurately describes your pain NOW:



**0                      2                      4                      6                      8                      10**



None                      Mild                      Moderate                      Severe                      Very Severe                      Worst Possible

6. By what percent have you improved since your last visit?

- 0-24%     25-49%     50-74%     75-100%     No improvement     Worse than last visit

7. What has helped the most? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are you satisfied with your current treatment?

- Very satisfied     Satisfied     Neither satisfied nor unsatisfied     Unsatisfied     Very unsatisfied

How can we improve? \_\_\_\_\_

\_\_\_\_\_

9. Any changes in your health (medical/surgical history) since your last visit?     Yes     No

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Any changes in your medications since your last visit?     Yes     No

Please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Please list the PAIN medications that you are currently taking:

Pain Medication	Dose	Frequency
Example: Motrin	600 mg	Three times a day

12. Is there anything else that you think we should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Oswestry Disability Index

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

#### SECTION 1 - PAIN INTENSITY

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

#### SECTION 2 - PERSONAL CARE

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but can manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed, wash with difficulty and stay in bed.

#### SECTION 3 - LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on the table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift light weights at the most.

#### SECTION 4 - WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk while using a cane or on crutches.
- I am in bed most of the time and have to crawl to the toilet.

#### SECTION 5 - SITTING

- I can sit in any chair as long as I like without pain.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

#### SECTION 6 - STANDING

- I can stand as long as I want without pain.
- I have some pain while standing, but it does not increase with time.
- I cannot stand for longer than one hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain straight away.

#### SECTION 7 - SLEEPING

- I get no pain in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of pain, my normal night's sleep is reduced by less than one-quarter.
- Because of pain, my normal night's sleep is reduced by less than one-half.
- Because of pain, my normal night's sleep is reduced by less than three-quarters.
- Pain prevents me from sleeping at all.

#### SECTION 8 - SOCIAL LIFE

- My social life is normal and gives me no extra pain.
- My social life is normal, but increases the degree of my pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

#### SECTION 9 - TRAVELING

- I can travel anywhere without pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage journeys over two hours.
- Pain restricts me to journeys of less than one hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from traveling except to receive treatment.

#### SECTION 10 - CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates, but overall is definitely getting better.
- My pain seems to be getting better, but improvement is slow at present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

I attest that the above answers are true and have been completed to the best of my knowledge.

Patient Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

I have reviewed the follow up history.

Physician Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Min disability 0-18%, Mod 20-38%, Severe 40-58%, Crippling 60-78%, Exaggerated 80-100%

ODI Score: \_\_\_\_\_